

Case Number:	CM15-0029018		
Date Assigned:	02/23/2015	Date of Injury:	11/07/2009
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year old male, who sustained an industrial injury on 11/7/2009. He reports falling from a roof. Diagnoses include post-concussion syndrome, depression and multiple fractures. Treatments to date include open reduction-internal fixation of acetabulum fracture, open reduction-internal fixation right wrist, open reduction-internal fixation of the right hip, physical therapy and medication management. A progress note from the treating provider dated 1/5/2015 indicates the injured worker reported right hand pain, right hip pain and low back pain. The claimant had been on Tramadol since at least August 2014. On 1/15/2015, Utilization Review non-certified the request for Tramadol 50 mg #60 with 1 refill, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-92.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain scores and functional response over time were not provided. In addition, long-term use is not recommended. There is no indication of Tylenol or NSAID failure. As a result, continued use of Tramaol is not medically necessary.