

Case Number:	CM15-0029189		
Date Assigned:	02/23/2015	Date of Injury:	03/03/2014
Decision Date:	04/01/2015	UR Denial Date:	01/24/2015
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 38 year old male, who sustained an industrial injury on 3/3/2014. He reports a fall with right wrist and pelvic injuries. Diagnoses include pelvic fracture, wrist fracture, right shoulder supraspinatus tendinitis, lumbago, cervicgia and right shoulder impingement. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 1/15/2015 indicates the injured worker reported pain in the neck, right wrist, right shoulder and right thigh. On 1/23/2015, Utilization Review modified the request for Tramadol 50 mg #90 to #23, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tramadol/opioids Page(s): 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 only improved from 9+/10 to 8/10. In addition, the claimant had been on opioids including Oxycontin and Hydrocodone since July 2014. The continued and chronic use of opioids including Tramadol as above is not medically necessary.