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| Case Number: | CM15-0066133 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 01/30/2009 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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: Texas, 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 56-year-old male, who sustained an industrial injury on January 30, 2009. The patient sustained the injury due to fall from a ladder. He has reported right wrist pain. Diagnoses have included right wrist fracture. Treatment to date has included medications, right wrist surgery, imaging studies, and diagnostic testing. A progress note dated February 16, 2015 indicates a chief complaint of right wrist pain at 3-8/10. Physical examination of the right UE revealed full ROM, no tenderness on palpation and negative all special tests and normal neurological examination. The treating physician documented a plan of care that included medications. The medication list include Celebrex and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60 every 8 hours as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol) Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75. Central acting analgesics: Opioids for neuropathic pain Page(s): 82.

Decision rationale: Tramadol 50mg, #60 every 8 hours as needed. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The patient sustained the injury due to fall from a ladder. He has reported right wrist pain. Diagnoses have included a right wrist fracture. The patient's surgical history include right wrist surgery. A progress note dated February 16, 2015 indicates a chief complaint of right wrist pain at 3-8/10. Patient is already taking a NSIAD. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having a small amount of tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg, #60 every 8 hours as needed is deemed as medically appropriate and necessary.