

Case Number:	CM15-0070982		
Date Assigned:	04/20/2015	Date of Injury:	02/20/2014
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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 46 year old male who sustained an industrial injury on 02/25/04. Initial complaints and diagnoses are not available. Treatments to date include medication, acupuncture, physical therapy, acupuncture, and epidural steroid injections. Diagnostic studies include a MRI and nerve conduction studies. Current complaints include cervical, thoracic, and lumbar spine pain. Current diagnoses include lumbar and cervical sprain/strain. In a progress note dated 02/02/15 the treating provider reports the plan of care as acupuncture, Celebrex, Voltaren gel, and urine drug screen. The requested treatment is Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/Tramadol Page(s): 92-93.

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 was 5/10 with Celebrex. There was no indication of Tylenol trial or Tricyclic. Tramadol was not titrated slowly but rather was given at 150 mg daily. The request for Tramadol as above is not medically necessary.