

Case Number:	CM15-0078153		
Date Assigned:	04/29/2015	Date of Injury:	03/02/2010
Decision Date:	05/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old male patient who sustained an industrial injury on 03/02/2010. The patient had initial complaint of falling sideways twisting his ankle and hitting a wall with his left shoulder resulting in acute onset of ankle pain. He was treated and subsequently underwent ankle surgery, left on 05/26/2010. He did participate in post-operative physical therapy. A recent primary treating office visit dated 01/15/2015 reported the patient with subjective complaint of having low back, and right leg pain. He is now with left ankle pain that has decreased his activity level and ability to function. He is diagnosed with low back pain. The plan of care involved: obtaining a copy of magnetic resonance results, medication counseling, therapeutic exercise discussion, and medication refills of Naproxen, Tramadol, and Prilosec. He is to remain temporary totally disabled for 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no evidence of prior trial of pain relief with first-line agents prior to the use of tramadol. The medical reports do not provide evidence of significant pain relief and objective improvement in function while using tramadol. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50 mg #100 is determined to not be medically necessary.