

Case Number:	CM14-0151593		
Date Assigned:	09/19/2014	Date of Injury:	07/19/2013
Decision Date:	11/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 40 year old female presenting with chronic pain following a work related injury on 07/19/2013. The claimant reported left thoracic, neck, low back, left shoulder and arm, and left leg pain. The physical exam showed positive left sided straight leg raising signs, tenderness over the cervical paraspinals on the left, tenderness over the facet joints on the left, tenderness over the left chest near the axilla and cervical spine range of motion is reduced in all planes; the left shoulder showed diffuse tenderness and reduced range of motion in all directions due to increased pain; gait was antalgic. EMG/NCV showed mild carpal tunnel findings. The enrollee's medications included Nucynta ER 100mg and Nucynta IR 100mg, Amitriptyline, Cyclobenzaprine and Ibuprofen. The claimant was diagnosed with low back pain, possible lumbar radiculitis, neck pain, possible lumbar discogenic pain, possible cervical discogenic pain, possible cervical radiculitis, myofascial pain and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride tablets, 50mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

Decision rationale: Tramadol 50mg #120 is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications.