

Case Number:	CM14-0030776		
Date Assigned:	06/20/2014	Date of Injury:	07/09/2003
Decision Date:	08/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational Medicine, and is licensed to practice in Hawaii. 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:

This case involves a 58 year-old female with a date of injury of 7/9/03. A review of the medical records indicate the patient is undergoing treatment for neck and back pain with radiation to upper and lower extremities and degenerative joint disease of the knee. Subjective complaints include neck pain that radiates down bilateral arms and worsens with activities, low back pain that radiates down bilateral legs and worsens with activities, 8/10 pain with medication and 10/10 pain without medications, and that the patient's pain has worsened since her last visit. The treating physician states that the patient has developed opioid tolerance due to long term opiate use. Objective findings include decreased sensation to right extremity in the C6-7 dermatome, tenderness to palpation to lumbar spine, and tenderness to left knee. Treatment has included tramadol and oxycodone since at least August 2013, lumbar discogram (2012), gabapentin, celexa, omeprazole, senokot, and total knee arthroplasty (2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL (ULTRAM) 50 MG PO #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75-80, 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Ultram is the brand name version of tramadol, which are classified as central acting synthetic opioids. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. While the patient appears to be on both tramadol and oxycodone, the treating physician did not provide sufficient documentation that the patient has failed his trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. While MTUS does state that tramadol may be used for neuropathic pain, it is not recommended as a first-line therapy. The medical documents do not document failure of the first line neuropathic agent. Finally, the treating physician notes that opioid tolerance has developed for this patient. As such, the request is not medically necessary.