

Case Number:	CM13-0032212		
Date Assigned:	12/11/2013	Date of Injury:	09/28/2005
Decision Date:	01/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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:

Female claimant sustained a work related injury in 2005, which resulted in chronic back pain. She has a diagnosis of lumbar radiculitis and L5-S1 foraminal stenosis. She has undergone physical therapy for her symptoms. A progress note on 9/12/12 noted tenderness in the lumbar musculature and reduced flexion and extension. A referral was given for epidural injections and Ultram for pain. A progress note on 12/18/12 did not note any change in pain or range of motion and Ultram was continued along with a Toradol injection. A more recent exam not on 11/19/13 indicated no change in exam or symptoms and the Ultram was continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: According to the MTUS guidelines: Opioid analgesics and Tramadol (Ultram) have been suggested as a second-line treatment (alone or in combination with first-line drugs). 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. For Treatment of chronic lumbar root pain: A limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. A recent study that addressed this problem found that chronic lumbar radicular pain did not respond to either a tricyclic antidepressant or opioid in doses that have been effective for painful diabetic neuropathy or postherpetic neuralgia. In this case, the claimant has been on Ultram for over a year with no functional or pain improvement. There is associated risk of addiction and tolerance. Documentation of failure of NSAIDs and Tylenol are not noted. Continued use of Ultram is not medically necessary.