

Case Number:	CM13-0049564		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2009
Decision Date:	03/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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 Internal Medicine has a subspecialty in Pulmonary Diseases 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:

The patient reported a work related injury on 01/07/2009 due to cumulative trauma. The patient complained of numbness and pain in bilateral arms, as well as neck stiffness and pain. She underwent a cervical spine fusion on 07/30/2012, along with postoperative physical therapy sessions. EMG/NCS studies revealed no evidence of entrapment neuropathy or cervical radiculopathy at any level in the bilateral upper extremities. CT of the cervical spine dated 09/06/2013 revealed anterior plate and screw fixation of the C5 and C6 vertebrae with the placement of an interbody vertebral spacer and no evidence of a pseudoarthrosis. Anterolisthesis of C4 on C5 was noted with minimal left foraminal stenosis due to encroachment by left vertebral and facet spurs. The patient's medications include tramadol and amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Ultram (Tramadol 50mg): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78.

Decision rationale: California MTUS Guidelines for chronic pain state that opioids are not generally recommended as a first line therapy for some neuropathic pain. Per clinical note dated 09/27/2013, the patient's medication included Ultram and Restoril. It was noted that Ultram was prescribed as a second line therapy as the patient had tried and failed other first line therapies to include physical therapy, activity restrictions, medications, and home exercise. Guidelines state to continue use of opioids for pain management if there is documented evidence of improvement in function and pain. The patient was prescribed Norco prior to tramadol and had not shown any improvement in pain or function and had continued to be temporarily totally disabled. Per clinical note dated 11/01/2013, the patient rated her pain level as 8 on a scale of 0 to 10 to her cervical and lumbar spine. There were no functional benefits noted for the patient which could be objectively measured due to the use of tramadol. Guidelines further state to continue opioids if the patient has returned to work and if the patient has improved functioning and pain relief. There was no evidence given in the submitted documentation that the patient had returned to work and no documentation of the patient's improved functioning and pain relief due to the use of tramadol. As such, the decision for 120 Ultram (Tramadol 50mg) is non-certified.