

Case Number:	CM13-0060178		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2013
Decision Date:	07/23/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/02/2013

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 Emergency Medicine 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 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:

Patient with reported date of injury on 5/8/2013. Mechanism of injury is described as an injury while lifting a client leading to neck and low back pain. Patient has a diagnosis of cervical strain with left radicular pain and low back pain with left sciatica. Multiple medical reports from primary treating physician and consultants reviewed. Last report available until 9/30/13. Patient complains of neck pain radiation to left arm and low back pains. Objective exam reveals normal neck exam with normal range of motion, negative Spurling's and no pain on palpation. Shoulder exam was normal with normal range of motion and no pain. Slight tenderness to left shoulder with range of motion. Negative crank test and Feagin test. Strength in arms and shoulders was normal. Sensory exam of arms were normal. Low back exam reveals tenderness with forward flexion. range of motion is normal. Tenderness to left sciatic notch. Neurological exam of legs are normal. Negative straight leg raise. Electromyography/ nerve conduction velocity studies has been ordered but no report was available. Magnetic resonance imaging (MRI) of cervical spine(7/16/13) reveals discogenic spondyloarthropathy C4-5, 5-6 and 6-7. Mild central canal stenosis. Broad C6-7 posterior 3mm protrusion. Multilevel foraminal stenosis. Current medications include acetaminophen, ibuprofen, norflex and tramadol. Patient has completed physical therapy with some improvement in symptoms. Utilization review is for Ultram 50mg #60 with 1 refill. Prior utilization review on 10/29/13 partially certified Ultram to 60tablets with no refills to recommend weaning off medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIXTY ULTRAM 50MG, 1 EVERY 4-6 HOURS: Upheld

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

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

Decision rationale: Tramadol is a Mu-agonist, an opioid-like medication. As per California Medical Treatment Utilization Schedule (MTUS) Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation for all criteria. The requested number of tablets with 1 refill is not appropriate for close monitoring criteria for chronic opioid use as well. The documentation failed all required MTUS components to recommend the Tramadol prescription. Tramadol is not medically necessary.