

Case Number:	CM14-0016877		
Date Assigned:	04/11/2014	Date of Injury:	09/30/2002
Decision Date:	05/29/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 Family Practice, has a subspecialty in Preventive 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:

chronic neck and right shoulder pain. An MRI on November 10, 2012 indicated C5-C6 disc protrusion, bilateral foraminal stenosis and impingement of the anterior aspect of the spinal cord. She had a diagnosis of right shoulder impingement, cervical spin stenosis and lumbar disc herniation with radiculopathy. Her chronic pain had been managed on Norco, Flurbiprofen Flexeril and topical analgesics. She had been taking these medications for several months until October of 2013, when she noticed increased pain and stopped Norco . An exam note then stated she had 9/10 pain in the right arm with stabbing pain in the hips and knees. She had 6/10 burning pain in the feet with pins and needles sensation. The treating physician started her on Ultram 1 to tabs of 50 mg tablets three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ULTRAM 50MG, #60: 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 Section Page(s): 93-98.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs), and are recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs [non-steroidal anti-inflammatory drugs]) and when there is evidence of moderate to severe pain. In this case, the claimant has been on long term Norco. Switching another opioid derivative Tramadol is not considered titration off a 1st line therapy. There is no documentation that a 1st line agent such as an anticonvulsant or anti-depressant has failed. In addition, Tramadol does not have adequate evidence to support use for chronic back or neck pain. The request for Ultram 50mg, sixty count, is not medically necessary or appropriate.