

Case Number:	CM14-0123082		
Date Assigned:	08/08/2014	Date of Injury:	09/12/2013
Decision Date:	09/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 24hours 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:

35 year old male claimant sustained a work injury on 9/12/13 involving the neck, mid and low back. She was diagnosed with cervical/lumbar/thoracic strain, cervical radiculopathy, lumbar radiculopathy and right shoulder impingement. His pain had been chronically managed with Cortisone injections and oral analgesics. A progress note on 1/9/14 indicated the claimant had difficulty sleeping due to pain. Exam findings were notable for 8/10 pain in the back and shoulders. There was weakness and numbness in both legs. Dermatome levels of the lumbar spine were normal. There were paralumbar muscle spasms. The claimant had decreased range of motion of the lumbar spine. The treating physician recommended chiropractic care and continuation of Naproxen and Tramadol. A progress note on 5/9/14 indicated the claimant had continued pain in the involved areas. The spinal regions had decreased range of motion. Exam findings consistently showed a positive straight leg raise, paraspinal spasms and a positive sacroiliac test. The claimant was continued on Tramadol and Naproxen as well as an increased dose of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg ER # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94, 80-84, 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. There is a limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. It is 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) and when there is evidence of moderate to severe pain. In this case, the claimant had been on another opioid- Norco. Tramadol was used chronically with no improvement in pain or function. The continued use of Tramadol is not medically necessary.