

Case Number:	CM14-0177501		
Date Assigned:	10/30/2014	Date of Injury:	12/21/2010
Decision Date:	12/10/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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:

The patient is a 54 year old male who was injured on 12/21/2012. The diagnoses are cervical spine stenosis, lumbar spine stenosis, low back pain, and myofascial pain and shoulder rotator cuff syndrome. There are associated diagnoses of insomnia, anxiety and depression. The 2011 MRI of the lumbar spine showed multilevel disc bulge and foraminal stenosis. The 2011 X-ray of the cervical spine showed multilevel degenerative disc disease, foraminal stenosis and facet arthropathy. On 9/25/2014, [REDACTED] / [REDACTED] reported that the patient noted that Tramadol did not help but Vicodin seemed to help. The patient reported 60% reduction in pain following epidural steroid injection. He was now able to work double shift at 60 hours a week. The medications are Hydrocodone and Tramadol for pain and Cyclobenzaprine for muscle spasm. The patient is also utilizing Ambien and Klonopin. Methadone was discontinued because of severe constipation. A Utilization Review determination was rendered on 10/15/2014 recommending non-certification for Tramadol 50 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate releas.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 113, 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interactions with other sedatives. On 9/25/2014, the records indicated that the patient reported that the tramadol was not helpful. The dosage of the hydrocodone which was reported as helpful was increased but the tramadol was also increased. The patient had previously had methadone which was effective discontinued because of intractable constipation. The records also indicate that the patient is utilizing multiple sedatives including Klonopin, Ambien and Cyclobenzaprine further increasing the risk of adverse medications interactions. The criteria for the use of Tramadol 50mg #180 was not met, therefore this request is not medically necessary.