

Case Number:	CM14-0041999		
Date Assigned:	06/30/2014	Date of Injury:	12/28/2011
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/08/2014

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 Management and is licensed to practice in Tennessee. 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 43-year-old female who has submitted a claim for cervical strain with possible cervical radiculopathy, and right arm strain associated with an industrial injury date of December 28, 2011. Medical records from 2012-2014 were reviewed. The patient complained of persistent neck pain, rated 5/10 in severity. The pain radiates to the right shoulder and arm. There was pain, numbness, and tingling at the upper back. There was also right knee pain. Physical examination showed posterior cervical tenderness. Range of motion of the cervical spine was decreased. Motor strength and sensation was intact. MRI of the cervical spine, dated February 8, 2013, revealed central stenosis of mild-to-moderate degree at C5-C6 and mild degree at C4-C5 and C6-C7, right neural foraminal stenosis of moderate-to-severe at C5-C6, left neural foraminal stenosis of moderate degree at C5-C6 and mild degree at C6-C7, minimal retrosubluxation of C4 on C5, and slight ventral subluxation of C5 on C6. MRI of the right knee dated February 8, 2013 showed minimal chondromalacia changes within the patellofemoral compartment. Treatment to date has included medications, physical therapy, chiropractic therapy, and activity modification. Utilization review, dated April 3, 2014, denied the request for Ultram 150mg #60 because there was no documentation of functional improvement, reduced pain scores or urine drug screen results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), page 93-94 Page(s): 93-94.

Decision rationale: As stated on page 93-94 of CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Central analgesics such as Ultram are reported to be effective in managing neuropathic pain but opioids are not recommended as first-line therapy for neuropathic pain. Opioids could be considered first-line for following circumstances: prompt pain relief while titrating a first-line drug, treatment of episodic exacerbations of severe pain and treatment of neuropathic pain. In this case, patient started to have Ultram since March 2014. There was no objective evidence of functional improvement from the medication. Furthermore, there was no discussion regarding the rationale for prescribing Ultram when it is not recommended as first-line therapy. There is no clear indication for continued use of Ultram. Therefore, the request for Ultram 150mg #60 is not medically necessary.