

Case Number:	CM14-0063065		
Date Assigned:	07/11/2014	Date of Injury:	07/01/2000
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 62-year-old female who reported an injury on 07/01/2000 due to an unknown mechanism. Diagnoses were cervical multilevel disc degeneration with central and foraminal stenosis including moderate to severe left foraminal stenosis at the C4-5 and mild to moderate central stenosis C4-5 through C6-7; status post right carpal tunnel release with cubital tunnel release for ulnar neuropathy and median neuropathy, 03/2008; left carpal tunnel release and left cubital tunnel release for left median neuropathy and left ulnar neuropathy, performed 08/2007; right trigger thumb release performed 03/10/2009; right middle finger post-injection, 10/29/2007; and left middle finger post-injection, 12/07/2007. Diagnostic studies were an x-ray and an MRI of the lumbar spine. Surgical history was lumbar laminectomy and fusion of the L3, L4, L5, and S1; right thumb trigger finger release; right carpal and cubital tunnel release; left carpal and cubital tunnel release; tubal ligation; and ring small finger tendon laceration repair. Physical examination on 06/03/2014 the injured worker had complaints of electric shocks down her right arm 1 to 2 times per week, lasting for 5 minutes. She also reported her left middle finger had triggered a couple of times since her last visit. Cervical pain was rated at a 2/10 to 3/10 level in the neck, shoulders. It was reported that sometimes, Norco reduced the pain to a 2/10 to 3/10 and sometimes it did not. Examination of the cervical spine revealed flexion was to 45 degrees, extension was to 45 degrees, and rotation was to 60 degrees bilaterally. There was a positive Spurling's. Medications were Losartan-hydrochlorothiazide 10/12.5 mg, aspirin 81 mg, Flonase nasal spray, Simvastatin 40 mg, tramadol 50 mg 1 twice a day, Celebrex 200 mg, Soma 350 mg, and Norco 10/325 mg. The treatment plan was to get an up-to-date MRI of the cervical spine and request and EMG/NCV study of the upper extremities. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg (Ultram) #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Tramadol, Ongoing Management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The efficacy of this medication was not reported. Also, the request does not indicate the frequency for the medication. Therefore, Tramadol HCL 50mg (Ultram) #180 is not medically necessary.