

Case Number:	CM14-0126299		
Date Assigned:	08/13/2014	Date of Injury:	01/04/2010
Decision Date:	07/17/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old male patient who sustained an industrial injury on 01/04/2010. The diagnoses include cervical spondylosis, myofascial pain, unspecified shoulder/arm pain and obesity. According to the primary treating physician's progress report dated June 9, 2014, he had complaints of experience neck, right shoulder/arm and hand pain. The injured worker also reports frequent headaches approximately twice a month. Examination demonstrated tenderness to palpation at C6 level. On April 9, 2014 the objective findings were the same. The medications list includes Norco, Tramadol and Lunesta. He has had multiple diagnostic studies including cervical MRI; right shoulder MRI and EMG/NCS. Treatment to date has included diagnostic testing, conservative measures, psychiatric evaluation and medications. Treatment plan consists of continuing with medication regimen and the current request for Tramadol and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain". Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided she had chronic neck, right shoulder/arm and hand pain with cervical tenderness. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg #90 is medically appropriate and necessary to use as prn during acute exacerbations.