

Case Number:	CM14-0187080		
Date Assigned:	11/17/2014	Date of Injury:	04/26/2007
Decision Date:	03/20/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 32 year old male, who sustained an industrial injury on 04/26/2007. He has reported pain in the back both thoracic, mid and lumbar, pain in the neck, aching pain in the left shoulder, and numbness with a decrease in sensation radiating down into the foot. The IW also complains of poor sleep. The diagnoses have included lumbar radiculopathy. Treatment to date has included acupuncture, chiropractic therapy to the thoracic spine, and epidural injections to the thoracic spine with no pain relief. Currently, the IW complains of pain in the thoracic spine and an aching pain in the neck, left shoulder, and mid and low back about the spine. He is taking medications with a reduction of pain from a 9/10 to a level of 4-5/10. The IW also complains of increased intensity of pain in his mid-back with a numbness and decreased sensation in the right leg radiating into the foot. Objectively there was tenderness to palpation of the paraspinal muscles of the cervical area. The thoracic spine muscles were sensitive and hypertonic from T6-T10, and range of motion of the lumbar spine could not be tested due to poor balance. The sensation in the right lower extremity was decreased overall. The IW takes Norco 10/325, Tramadol ER 150 mg once daily, Lidopro topical cream, and Hydrocodone 10/325 and has done so for the past two years. Tramadol ER is requested. On 11/03/2014 Utilization Review non-certified a request for Tramadol ER noting the efficacy of the Norco is questionable and there was no documentation of gains with the opioid he is taking. Potential for withdrawal should be covered by the modification of the request for hydrocodone. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 11/10/2014, the injured worker submitted an application for IMR for review of the non-certification of Tramadol ER 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-78, 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRIs, TCAs and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the patient has been receiving tramadol since at least April 2014 and has not obtained analgesia. He has also been taking the short-acting opioid, Norco. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.