

Case Number:	CM14-0189263		
Date Assigned:	11/17/2014	Date of Injury:	06/24/2014
Decision Date:	01/14/2015	UR Denial Date:	10/09/2014
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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This is a 74 year old patient with date of injury of 06/24/2014. Medical records indicate the patient is undergoing treatment for status post-concussion syndrome with severe headaches, cervical spine musculoligamentous sprain/strain, rule out herniated nucleus pulposus, bilateral upper extremity radicular pain and paresthesia, lumbar spine musculoligamentous sprain/strain, bilateral lower extremity radicular pain and paresthesia, status post rib fracture, thoracic spine musculoligamentous sprain/strain, dizziness, cervical spine myoligamentous sprain/strain superimposed on multiple level disc degeneration and stenosis at C5-C6 and C6-C7 with possible spondylolisthesis at C6-C7 and lumbosacral spine myoligamentous sprain/strain superimposed on stenosis and protrusions at L4-L5 and L5-S1 with annular tear at L4-L5. Subjective complaints include constant severe neck pain, rated 8/10 which radiates to bilateral upper extremities with associated numbness and tingling. The patient suffers from anxiety and not sleeping well. Objective findings include diffuse tenderness and spasm throughout the neck and back, straight leg raise and tension signs are positive, Hoffmann's sign negative, Clonus negative and diffuse pain with resistant testing with some weakness. MRI of cervical spine on 09/11/2014: C4-C5 a 2mm left paracentral/left neural foraminal disc protrusion and uncovertebral degenerate changes result in moderate to moderately severe narrowing of the left neural foramen, no canal stenosis; At C5-C6 there is moderate narrowing of the right neural foramen, left neural foramen and central canal are patent; no abnormal signal within the cervical cord; small old lacunar infarct within the pons measuring 6mmx2mm. MRI of lumbar spine on 09/11/2014: No endplate compression fracture; at L3-L4 two broad-based posterior disc bulges are present, as is moderately facet arthropathy; mild canal stenosis with AP dimension of the central canal measuring 8.5mm; mild narrowing of the bilateral lateral recesses and neural foramina; at L5-S1 intervertebral disc space height is approximately 50% the L4-L5; no lateral

recess, neural foramina or canal stenosis. Treatment has consisted of physical therapy, lumbar support, Norco, Naprosyn and Omeprazole. The utilization review determination was rendered on 10/09/2014 recommending non-certification of Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram)

Decision rationale: Ultram is the brand name version of Tramadol, which is classified as central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. Additionally, the treating physician fails to provide dosage, frequency or amount being requested. As such, the request for Ultram is not medically necessary.