

Case Number:	CM14-0207071		
Date Assigned:	12/19/2014	Date of Injury:	11/27/2012
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice and is licensed to practice in California. 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 57 years old male patient who sustained an injury on 11/27/2012. He sustained the injury while changing some tires of a large truck and a large tire tipped and fell on him when he was on a squatting position. The current diagnoses include lumbar disc degenerative disease, low back pain and lumbar radiculopathy. Per the doctor's note dated 11/6/14, he had complaints of low back pain with radiation to the left leg at 9/10 without medications and at 7/10 with medications. The patient reported nausea and loss of appetite with tramadol. Per the doctor's note dated 10/9/14, he had pain at 9/10 without medications and 8/10 with medications. The physical examination revealed antalgic gait, lumbar spine- tenderness, limited range of motion, spasm, decreased sensation, strength in left lower extremity and positive straight leg raising test on the left side. The medications list includes ibuprofen, Prilosec, Cymbalta, gabapentin, Flexeril and Ultracet. He has had lumbar MRI dated 2/25/13 which revealed degenerative changes. He has had physical therapy visits for this injury. He has had a urine drug screen on 10/31/13 and 5/15/14 with consistent results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Ultracet 37.5/325mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

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." Per the notes, the patient reported nausea and loss of appetite with tramadol. Per the doctor's note dated 10/9/14, he had pain at 9/10 without medications and 8/10 with medications. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The need for tramadol on a daily basis with lack of documented improvement in function is not fully established. A request for a smaller quantity for prn use for episodic exacerbations of severe pain would be considered medically appropriate and necessary. However the rationale for a large quantity of tramadol, 150 tablets for episodic exacerbations of severe pain is not specified in the records provided. The medical necessity of Ultracet 37.5/325mg, #150, as prescribed, is not fully established for this patient.