MAXIMUS Federal Services

Case Number:	CM14-0208350		
Date Assigned:	12/19/2014	Date of Injury:	05/12/2007
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/11/2014

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

Injured worker is a male with date of injury 5/12/2007. Per primary treating physician's progress report dated 11/11/2014, the injured worker continues to have pain in the neck radiating to the upper extremity and low back radiating to the bilateral lower extremities. He states the pain is intolerable. Examination of the lumbar spine reveals tenderness to palpation with muscle spasm over the bilateral paravertebral musculature. Straight leg raising test elicits low back pain bilaterally. Paresthesia is present over left greater than right S1 dermatome. Range of motion of the lumbar spine is measured as flexion 40 degrees, extension 15 degrees, right side bending 15 degrees, and left side bending 15 degrees. Deep tendon reflexes are 2+ in the lower extremities. The cervical spine is tender to palpation with muscle spasm over the bilateral paraspinal musculature. Spurling's maneuver elicits hand pain. Deep tendon reflexes are 2+ in the upper extremities. The knee reveals tenderness to palpation over the peripatellar region, bilaterally. Crepitus is present. McMurray's test elicits pain. Diagnoses include 1) cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis. 2) lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis with grade1 retrolisthesis of L5 on S1. 3) bilateral shoulder sprain/strain with impingement syndrome. 4) bilateral wrist sprain/strain. 5) bilateral knee sprain/strain and patellofemoral arthralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER (Tramadol 150mg) #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Opioids, Tramadol Page(s): 93, 94.

Decision rationale: The injured worker is prescribed Voltaren XR 100 mg, Zanaflex 2 mg, and Ultram 50 mg. Utilization review did not certify the request for Ultram ER 150 mg as the starting dosage should be 50-100 mg and titrated upwards. The initial prescription is 150 mg. The MTUS Guidelines actually recommend that Tramadol XR be initiated at 100 mg once daily if the patient is currently not on immediate release tramadol, and titrated upwards by 100 mg increments if needed to max dose 300 mg/day. Patients currently on immediate release tramadol can be initiated at the 24 hour dose of immediate release rounded to the next lowest 100 mg increment with a max dose of 300 mg/day. The injured worker is noted to be prescribed a 24 hour dose of immediate release tramadol of 200 mg.The request for Ultram ER (Tramadol 150mg) #30 is determined to be medically necessary.