MAXIMUS Federal Services

Case Number:	CM15-0002463		
Date Assigned:	01/13/2015	Date of Injury:	04/11/2014
Decision Date:	03/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 61, year old male, who sustained an industrial injury on 4/11/14. The diagnoses have included lumbar sprain and lumbosacral/thoracic radiculitis. Treatments documented as having included medications, physical therapy with limited benefit, acupuncture with temporary benefits, and chiropractic with limited benefits. 5/28/14 Magnetic Resonance Imaging (MRI) reported consistent with mild degenerative disc changes at T12-L1 and L1-2, with 2mm disc bulges at L3-4, L4-5 and L5-S1, mild facet arthropathy, and mild to moderate bilateral neural foraminal stenosis at these levels; there is disc desiccation at L4-5 and L5-S1. Electromyogram/NCS on 9/15/14 impression noted impression electroneurographic findings are indicative of moderate bilateral carpal tunnel syndrome; indicators of ulnar neuropathy were not seen; indicators of acute cervical radiculopathy were not seen. PR2 12/16/14 noted that the injured worker continues to have lumbar spine pain that radiates to legs and has pain and tenderness to palpation with increased pain with activities of daily living. According to the utilization review performed on 12/29/14, the requested Tramadol HCL TAB 50MG #60 has been non-certified. The CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines pages 74-95 and pages 63-66 were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL TAB 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 63-66.

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

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 has prescribed multiple medications to include Cyclobenzaprine and Hydrocodone/APAP (another opioid medication). 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. No documentation was set for treating goals with the use of Tramadol. As such, the request for Tramadol HCL TAB 50mg #60 is not medically necessary.