

Case Number:	CM15-0004146		
Date Assigned:	01/15/2015	Date of Injury:	07/25/2014
Decision Date:	03/12/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 was a 39 year old male, who sustained an industrial injury, July 25, 2014. He sustained the injury when he was moving a pallet. The injured workers chief complaint was of lower back pain with bilateral lower extremity radiculopathy, right shoulder with mild pain stress anxiety and sleep disturbances. The injured worker was diagnosed with brachial neuritis/radiculitis, thoracic/lumbosacral neuritis/radiculopathy, sprain/strain right shoulder and upper arm and lumbar sprain/strain. The injured worker has been treated with chiropractic session for the right shoulder and cervical and lumbar spine, tramadol and cyclobenzaprine cream for pain and ibuprofen, nerve conductions studies of the upper and lower extremities, functional capacity evaluation and diagnostic studies. Per the doctor's note dated 11/14/14 patient had complaints of pain in neck at 5/10 with pain in bilateral upper extremity; 6/10 low back pain with numbness and tingling in bilateral lower extremity and 5/10 bilateral shoulder pain. Physical examination revealed increased mobility and decreased pain intensity and medication use. Patient has received an unspecified number of chiropractic visits for this injury. The patient has had X-ray of the thoracic spine with normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central actin.

Decision rationale: Request: Tramadol 50mg #60 with 1 refill. 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 norepinephrine. 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." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. He sustained the injury when he was moving a pallet. The injured worker's chief complaint was of lower back pain with bilateral lower extremity radiculopathy, right shoulder with mild pain stress anxiety and sleep disturbances. The injured worker was diagnosed with brachial neuritis/radiculitis, thoracic/lumbosacral neuritis/radiculopathy, sprain/strain right shoulder and upper arm and lumbar sprain/strain. Per the doctor's note dated 11/14/14 patient had complaints of pain in the neck at 5/10 with pain in bilateral upper extremity; 6/10 low back pain with numbness and tingling in bilateral lower extremity and 5/10 bilateral shoulder pain. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg #60 with 1 refill is deemed as medically appropriate and necessary.