

Case Number:	CM15-0167285		
Date Assigned:	09/11/2015	Date of Injury:	07/01/2007
Decision Date:	10/08/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: Arizona, 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:

This injured worker is a 63 year old male, who sustained an industrial injury on 07-01-2007. The injured worker was diagnosed as having cervical radiculopathy and lumbosacral radiculopathy. On medical records dated 08-11-2015 and July 14, 2015 the subjective findings cervical pain and lumbar pain. Objective findings were noted as spasms, tenderness and guarding in the paravertebral musculature of the cervical and lumbar spine with a noted range of motion loss. A decreased sensation was noted bilaterally at C5 and the left L5 and S1 dermatomes with pain. The injured worker was noted to use a single point cane to assist with ambulation. The injured worker was noted to have reached maximal medical improvement and was permanent and stationary. Treatments to date included functional capacity evaluation and medication. Current medication included Norco and Lyrica. The provider requested Ultram in attempt to convert the use of Norco to Ultram. The Utilization Review (UR) was dated 08-21-2015. A Request for Authorization was dated 08-14-2015. The UR submitted for this medical review indicated that the request for Ultram ER 200mg #30 with 5 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 200mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant was previously on Norco. No one opioid is superior to another. There was no mention of Tylenol or Tricyclic failure. Long-term use of opioids is not recommended and has not been studied. Future pain response cannot be determined to justify 5 refills. The Tramadol as prescribed is not medically necessary.