

Case Number:	CM15-0169452		
Date Assigned:	09/10/2015	Date of Injury:	05/05/1999
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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:

This is a 70 year old female patient, who sustained an industrial injury on 5-5-1999. She sustained the injury due to lifting. The diagnoses include lumbar 5-sacral 1 radiculopathy, cervical 6 radiculopathy and muscle spasm. Per the recent progress report dated 7-7-2015, she had complaints of left shoulder pain, low back pain radiating down the bilateral lower extremities and neck pain radiating to her right shoulder and down her arm, rated 3-6 out of 10. The physical examination revealed tight cervical paraspinal muscles with pain limited range of motion and decreased right shoulder range of motion. The medications list includes Tramadol, Etodolac, Trazodone and Orphenadrine. She has had chiropractic care and home exercise program for this injury. She has had Urine drug screen in April 2015, which was consistent with prescribed medications. The physician requested Tramadol Hydrochloride 50mg quantity 120 (30 day supply) with three refills. On 8-17-2015, the Utilization Review modified the request to Tramadol Hydrochloride 50mg quantity 120 (30 day supply) with no refills, citing MTUS, (to not suddenly stop the medication) as it is not recommended for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride 50mg quantity 120 (30 day supply) with three refills: Overturned

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 (Classification), Opioids for neuropathic pain.

Decision rationale: Tramadol Hydrochloride 50mg quantity 120 (30 day supply) with three refills 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. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had complaints of left shoulder pain, low back pain radiating down the bilateral lower extremities and neck pain radiating to her right shoulder and down her arm, rated 3-6 out of 10. She has objective findings on the physical examination-tight cervical paraspinal muscles with pain limited range of motion and decreased right shoulder range of motion. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol Hydrochloride 50mg quantity 120 (30 day supply) with three refills is medically appropriate and necessary to use as prn during acute exacerbations.