

Case Number:	CM15-0180250		
Date Assigned:	09/22/2015	Date of Injury:	05/24/2013
Decision Date:	12/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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 25-year-old male patient who sustained an industrial injury on 5-24-2013. He sustained the injury due to involved in a motor vehicle accident. The diagnoses included subarachnoid hemorrhage, subdural hematoma and a closed non-displaced comminuted fracture of the shaft of the left ulna with nonunion, low back pain and left shoulder pain. Per the doctor's note dated 7-28-2015, the patient reported the visit was a follow up for head trauma secondary to motor vehicle accident. He had complaints of low back pain, and left shoulder pain. The physical examination revealed limited range of motion and reproducible tenderness. The medications list includes tramadol, hydrocodone, naproxen and cyclobenzaprine. He has had multiple diagnostic studies including CT head dated 2/20/15, 2/14/14 and 5/25/13; MRI brain dated 3/21/14. He has undergone surgery for epidural hematoma evacuation on 5/25/2013 and ORIF left upper extremity fracture in 10/2013. He has had physical therapy visits for this injury. The Utilization Review on 8-26-2015 determined non-certification for Tramadol HCL tab 50mg #60.

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: 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 for neuropathic pain.

Decision rationale: Tramadol HCL tab 50mg #60. 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." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided the patient had chronic low back pain, and left shoulder pain with a history of a motor vehicle accident. He has significant objective findings on the physical exam- limited range of motion and reproducible tenderness. He has history of surgery for epidural hematoma evacuation on 5/25/2013 and ORIF left upper extremity fracture in 10/2013. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol HCL tab 50mg #60 is medically appropriate and necessary for this patient.