

Case Number:	CM15-0193352		
Date Assigned:	10/07/2015	Date of Injury:	01/21/2012
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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:

The injured worker is a 44 year old male who sustained an industrial injury on 1-21-12. The diagnoses are noted as uncontrolled cervical radiculopathy and uncontrolled chronic nonmalignant pain of the cervical spine. In a secondary physician pain management followup report dated 9-16-15, the physician notes complaint of a chronic unremitting pain in the cervical spine with radiation of pain mainly to the right 5th and 4th fingers and also upper extremities bilaterally. Pain is rated at 8 out of 10 without medications and 4 out of 10 with medications. Medications are noted to be Prilosec, Anaprox, Fexmid, and Tramadol. Physical exam reveals spasm and tenderness over the paravertebral muscles of the cervical spine with decreased range of motion on flexion, extension and bilateral lateral bending. Dysesthesia is noted in C6 and C7 bilateral and C8 right dermatomal distributions. Tinel's test is positive in the elbow and wrist bilaterally, and decreased grip strength is noted. A request for cervical epidural steroid injection was noted to be denied on 8-14-15. Previous treatment includes repeat cervical epidural steroid injection (4-2-15)-with more than 60% improvement reported, medication, and MRI-cervical spine (5-8-12). On 9-24-15, the requested treatment of Ultram ER 200mg #30 with one refill was not certified and weaning recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Ultram ER 200mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, 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 on Tramadol for several months. Long-term use is not indicated. Failure of weaning, Tylenol or Tricyclics were not noted. Continued use of Tramadol is not medically necessary.