

Case Number:	CM15-0198233		
Date Assigned:	10/13/2015	Date of Injury:	10/09/2013
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 38 year old male, who sustained an industrial injury on 10-9-2013. The medical records indicate that the injured worker is undergoing treatment for cervical spine sprain-strain, rule out herniated nucleus pulposus, right upper extremity radiculopathy, status post lumbar spine fusion (8-23-2014), improved bilateral lower extremity radiculopathy, and spondylosis, disc herniation, central stenosis, lateral recess stenosis, and neural foraminal stenosis at L4-5. According to the progress report dated 8-25-2015, the injured worker presented with complaints of constant, moderate neck pain (4 out of 5) with radiation into the right upper extremity. In addition, he reports constant, moderate post-operative low back pain (6 out of 10) with radiation into the left buttocks and down the left lower extremity, associated with tingling. The physical examination of the cervical spine reveals limited range of motion, positive Spurling's test on the right, decreased motor strength (4 out of 5) in the right biceps and wrist extensor muscles, and slight sensory deficit in the right upper extremity. Examination of the lumbar spine reveals improved range of motion, slightly decreased motor strength in the left lower extremity and slight sensory deficit in the left lower extremity. The current medications are Tramadol (since at least 5-12-2015) and Colace. Previous diagnostic studies include x-rays of the cervical spine. Treatments to date include medication management, physical therapy, home exercise program, and surgical intervention. Work status is described as temporarily totally disabled. The original utilization review (9-10-2015) modified a request for Ultram #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram Tab 50mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, specific drug list, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 8/25/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore, use of Tramadol is not medically necessary and it is noncertified. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.