

Case Number:	CM15-0199921		
Date Assigned:	10/15/2015	Date of Injury:	03/06/2003
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/12/2015

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 (age unavailable) male with an industrial injury date of 03-06-2003. Medical record review indicates he is being treated for neck and back pain. Subjective complaints (09-01-2015) included neck and back pain with left posterior leg pain to mid-calf associated with "some" numbness in his toes. He also complained of "persistent neck pain." The treating physician noted: "For pain he is taking occasional Oxycodone (1-2 times a week) and alcohol." "He drinks about a 6 pack 3-4 times a week for pain." Physical exam (09-01-2015) included cervical spine bending was more painful in extension than flexion. Pain was documented as worse on the right than the left arm during extension. In the (05-07-2015) medications are documented as Oxycodone, Oxycodone-APAP, Ketorolac, Tizanidine and Melatonin. Prior medications tried are documented as Gabapentin, Pregabalin, Duloxetine and Flexeril all with no relief. Other medications tried included Soma which "helped", Lidocaine-Voltaren topical "worked well" but Flector patches "better than Lidocaine." Prior treatments also documented in the 05-07-2015 note included physical therapy, massage, TENS, trigger point injections and multiple lumbar and cervical epidural steroid injections "with no relief." Prior records reviewed do not indicate the use of Tramadol. On 09-14-2015 the request for Tramadol (Ultram) 50 mg #90 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 5/7/15 and 9/1/15 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.