

Case Number:	CM15-0205132		
Date Assigned:	10/22/2015	Date of Injury:	09/23/2010
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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 64 year old male, who sustained an industrial-work injury on 9-23-10. He reported initial complaints of neck, lower back, bilateral elbows, wrists, and bilateral ankle and feet pain. The injured worker was diagnosed as having chronic cervical sprain-strain, lumbar disc herniation status post fusion and decompression, right shoulder repetitive strain, bilateral hand pain-numbness, altered sleep due to pain, bilateral ankle and foot sprain-strain, and multilevel disc disease at L3-4 and L5-S1. Treatment to date has included medication, diagnostics, and surgery. MRI results were reported to reveal evidence of prior fusion at L4-5 and L5-S1 with evidence of mild facet disease at L3-4 and mild lumbar disc bulging at L3-4. Currently, the injured worker complains of cervical and lumbar spine pain. Pain is rated 7 out of 10 and the pain is described as constant. The neck pain radiates down to both arms and the back pain radiates down to both legs. Pain is made better by rest and medication. Medications included Tylenol #3 that brings pain down to a 4 or 5 out of 10. The Tramadol (Ultram) was reported to help him better and was requested as well. Flexeril also helps with sleep. Restoril is ordered in addition for sleep. He is returning to modified work on 8-25-15. Per the primary physician's progress report (PR-2) on 9-2-15, exam notes decreased range of motion and tenderness over the paraspinal muscles equally, positive cervical compression, decreased strength at C5 bilaterally, and normal neurovascular status. Lumbar spine exam notes decreased range of motion, positive Kemp's, decreased strength and sensation 4 out of 5 at L4-5 bilaterally. Elbows have slight decreased range of motion with tenderness on the medial epicondyle. The wrists reveal tenderness to the interosseous spaces as well as dorsal aspect of the carpals with

slight weak grip at 4+ out of 5 bilaterally. Current plan of care includes diagnostic testing, pain management, and psyche consult, and medication. A urine drug screen was ordered for the next visit. No prior reports were available to determine compliance. The Request for Authorization requested service to include Ultram 50 MG #120. The Utilization Review on 9-18-15 modified the request for Ultram 50 MG #30, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG #120: 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 neuropathic pain, Opioids for chronic pain.

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 had been on opioids for several months. There was no indication of Tylenol (without codeine) failure or NSAID failure. Long-term use is not indicated. Continued Ultram (Tramadol) is not medically necessary.