

Case Number:	CM15-0021554		
Date Assigned:	02/11/2015	Date of Injury:	07/09/2012
Decision Date:	03/31/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/04/2015

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:

The injured worker is a 58-year-old male, with a reported date of injury of 07/09/2012. The diagnoses include neck pain, chronic low back pain, and right ulnar neuropathy across the elbow. Treatments have included acupuncture, electrodiagnostic study of the bilateral upper extremities on 01/2014 which showed right ulnar neuropathy across the elbow, oral medications, and an x-ray of the cervical and lumbosacral spines on 03/31/2014. The progress report dated 10/23/2014 indicates that the injured worker continued to have neck pain that radiated to the bilateral shoulders and low back pain that radiates down the lateral thighs and lateral calf to his feet. He also complained of fairly constant headaches. The injured worker had some relief with Tramadol. The objective findings showed limited cervical motion with extension and flexion, pain to the bilateral shoulders and upper trapezius with cervical compression, and negative bilateral straight left raise in the seated position. The treating physician requested Tramadol 50mg #200 for a two-month supply. He has had MRI of the lumbar spine on 09/3/2013 that revealed lumbar and cervical spine disc herniation; disc protrusion and foraminal narrowing and degenerative disc disease. The patient's surgical history include cervical fusion and lumbar discectomy. The medication list include Lyrica, Tramadol, Tylenol #3, Cozaar, Zoloft and Cymbalta. Per the doctor's note dated 2/12/15 patient had complaints of pain in neck and back at 4-7/10. The medication tramadol continues to bringing down pain from 7/10 to 4/10. Physical examination revealed limited range of motion and significant pain. The patient sustained the injury due to cumulative trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispensed Tramadol 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central actin.

Decision rationale: Request: Dispensed Tramadol 50mg #200. 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 norepinephrine. 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; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Patient is having chronic pain and is taking Tramadol for this injury. Short term or prn use of Tramadol for acute exacerbations would be considered reasonable appropriate and necessary. Evidence of episodic exacerbations of severe pain was not specified in the records provided. The rationale for Tramadol 50mg in the quantity of #200 tablets for episodic exacerbations of severe pain was not specified in the records provided. The need for a significant quantity of Tramadol for use on a daily basis with lack of documented improvement in function is not fully established. The medical necessity of the request for dispensed Tramadol 50mg #200 is not fully established for this injury.