

Case Number:	CM15-0030907		
Date Assigned:	02/24/2015	Date of Injury:	07/23/2014
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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:

This is a 37 year old male patient who sustained an industrial injury on 7/23/14. The diagnoses included stenosis spinal lumbar and sciatica. He sustained the injury while moving a manhole cover. Per the progress note dated 1/23/15 he had complaints of low back pain with radiation into the right lower extremity with numbness into the posterolateral aspect of the right leg to the great toe. The physical examination revealed antalgic gait, decreased sensation in right L5 dermatomes, decreased lumbar spine range of motion, lumbar spasm and guarding and positive straight leg raising on right side. The current medications list includes tramadol, naproxen and protonix. He has had lumbar MRI on 11/17/14 which revealed disc bulge at L3-4 and L4-5 with degenerative changes. Treatments to date include physical therapy, narcotic analgesic medications, muscle relaxants, and anti-inflammatory medications. On 2/10/15 Utilization Review modified the request for Tramadol Hydrochloride extended release 150 milligrams Capsules, #30 to Tramadol Hydrochloride extended release 150 milligrams Capsules, #25 for opioid taper for discontinuation over the course of the next 1-2 months. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HEL ER 150 mg Capsules, #25 for opioid taper for discontinuation over the course of the next 1-2 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 77, 90. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Request: Tramadol HEL ER 150 mg Capsules, #25 for opioid taper for discontinuation over the course of the next 1-2 months. 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 nor epinephrine. Central analgesics drugs such as Tramadol (Ultram #130) 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. Per the records provided he had back low back pain with radiation into the right lower extremity with numbness into the posterolateral aspect of the right leg to the great toe. He is noted to have significant objective evidence of abnormalities on physical exam- antalgic gait, decreased sensation in right L5 dermatomes, and decreased lumbar spine range of motion, lumbar spasm and guarding and positive straight leg rising on right side. He has also had lumbar MRI on 11/17/14 with abnormal findings. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol HEL ER 150 mg Capsules, #25 for opioid taper for discontinuation over the course of the next 1-2 months is medically appropriate and necessary for this patient.