

Case Number:	CM15-0031743		
Date Assigned:	02/25/2015	Date of Injury:	08/30/2012
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 8/30/2012. The diagnoses have included cervical spondylosis without myelopathy. Treatment to date has included epidurals, TENS, medications and activity modification. EMG (electromyography) dated 12/2012 did not meet the electrodiagnostic criteria for cervical radiculopathy. Magnetic resonance imaging (MRI) (undated) was read by the provider as showing significant stenosis at the C5-6 as well as C6-7 area. Currently, the IW complains of same neck pain with progressive weakness of the arm. Objective findings included triceps strength 3/5. A report dated December 14, 2015 indicates that the patient was going to be initiated on tramadol ER at that time in addition to the hydrocodone that the patient was already receiving. CURES report was performed and was consistent. Additionally, informed consent was obtained. The patient was noted to have substantial pain which was limiting function including activities of daily living. On 1/15/2015, Utilization Review non-certified a request for Tramadol ER 150mg #30 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/19/2015, the injured worker submitted an application for IMR for review of Tramadol ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. A report indicates that the patient was going to be initiated on tramadol ER for the first time in addition to the hydrocodone that the patient was already receiving. CURES report was performed and was consistent. Additionally, informed consent was obtained. The patient was noted to have substantial pain, which was limiting function including activities of daily living. Therefore, a one month trial of tramadol ER seems reasonable. Of course, further treatment with tramadol would require documentation of analgesic efficacy and objective functional improvement as well as discussion regarding side effects and aberrant use. However, a one-month prescription should allow the requesting physician time to identify whether this is an efficacious treatment for the patient. Therefore, Ultram ER is medically necessary.