

Case Number:	CM15-0037194		
Date Assigned:	03/05/2015	Date of Injury:	12/10/2014
Decision Date:	04/20/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 48 year old male, who sustained an industrial injury on 12/10/14. He has reported pain in the neck and head. The diagnoses have included acute cervical strain and history of anterior decompression and fusion at C5-C6. Treatment to date has included cervical MRI and pain medication. As of the PR2 dated 1/27/15, the injured worker reports persistent 6/10 pain in the neck that radiates to the head and causes headaches 3-4 x a week. He indicated that the Tramadol helps pain and reduces pain from a 7 to a 3. The injured worker has been authorized for an EMG study and physical therapy. The treating physician requested to continue Ultram 50mg #120. On 2/2/15 Utilization Review non-certified a request for Ultram 50mg #120. On 2/20/15, the injured worker submitted an application for IMR for review of Ultram 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for #120 Ultram (tramadol 50mg): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The 2/02/15 Utilization Review letter states the 1 prescription for #120 Ultram (tramadol 50mg) requested on the 12/18/14 medical report was denied because this was the initial prescription of Ultram, and the reviewer states this is the maximum duration of treatment per ODG guidelines. The reviewer does not provide a rationale for deviating from the mandated use of MTUS guidelines. According to the 1/22/15 orthopedic report, the patient presents with 6/10 constant neck pain that is causing headaches 3-4 times a week. The tramadol brings the pain from 7/10 to a 3/10. The 12/10/14 medical report states the patient works as a police officer and was working out with weights and developed neck pain. He had history of prior cervical C5/6 ACDF. He was prescribed tramadol/acetaminophen 37.5/325mg #30 (Ultracet). On the 12/18/14 initial orthopedic report, there was no mention of the efficacy or use of the Ultracet #30 prescribed at a different facility just 8-days prior. The orthopedist dispenses Ultram 50mg, #120. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The provided records show the patient was provided 30 tablets of tramadol/acetaminophen 37.5/325 on 12/10/14 for a 10-day supply, for the injury sustained earlier that day. On 12/18/14 the patient was provided #120 tablets of the tramadol 50mg, maximum 6/day. There was no trial of first-line oral analgesics in this case. The request for use of tramadol as a first-line analgesic is not in accordance with MTUS guidelines. The request for 1 prescription for #120 Ultram (tramadol 50mg) IS NOT medically necessary.