

Case Number:	CM15-0043939		
Date Assigned:	03/13/2015	Date of Injury:	07/26/2003
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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 48 year old male, who sustained an industrial injury on July 26, 2003. He reported being struck in the chest with a cart of drywall, feeling pain in the chest and lower back. The injured worker was diagnosed as having end stage chronic [pain syndrome including kinesophobia, bilateral shoulder adhesive capsulitis, sleep disorder, erectile dysfunction/hyperactive sexual desire, fecal/urinary incontinence, and gastroesophageal reflux disease, in addition to severe left lumbar radiculitis, cervical spondylosis, bilateral knee patellofemoral arthralgia, morbid obesity, major depression with recurrent suicide ideation, and narcotic dependency. Treatment to date has included trigger point injections, a polysomnogram, physical therapy, lumbar spine MRI, epidural steroid injection (ESI), homecare, and medication. Currently on 1/23/15, the injured worker complains of global chronic pain complaints. The Primary Treating Physician's report dated January 23, 2015, noted the injured worker with kinesophobia and restricted movement, with pain to palpation in the lumbar musculature with greatly decreased range of motion (ROM) secondary to pain. Two trigger points were noted in the lower lumbar region near the L5-S1 junction. The injured worker reported a combination of Butrans patch, Ultram, and Lyrica were used in the past and found to be helpful for his ongoing pain and allowed him to function at a higher level. Per the doctor's note dated 9/24/14 patient had complaints of pain in neck and back. Physical examination revealed patient was in distressed state and he ambulated with a cane. The medication list includes: Abilify, Klonopin, Lorazepam, Celexa, Neurontin, Seroquel, Viagra, Ultram, Lyrica and Ambien. The patient has had cystoscopic examination that revealed inflamed bladder and liver ultrasound that revealed fatty liver and

endoscopy. Patient has received an unspecified number of psychotherapy visits for this injury. The past medical history includes: gastritis, and GERD, DM, liver and kidney disease. He has had MRI of the lumbar spine on 09/18/2013 that revealed lumbar spine disc herniation; and degenerative disc disease and MRI of the cervical spine on 6/10/14 that revealed disc herniation; and degenerative disc disease and abnormal knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids specific drug list, criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Request: Tramadol (Ultram) 50mg #60. 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 can be used for chronic pain and for treatment of episodic exacerbations of severe pain. He reported being struck in the chest with a cart of drywall, feeling pain in the chest and lower back. The injured worker was diagnosed as having end stage chronic [pain syndrome including kinesophobia, bilateral shoulder adhesive capsulitis, sleep disorder, erectile dysfunction/hyperactive sexual desire, fecal/urinary incontinence, and gastroesophageal reflux disease, in addition to severe left lumbar radiculitis, cervical spondylosis, bilateral knee patellofemoral arthralgia, morbid obesity, major depression with recurrent suicide ideation, and narcotic dependency. Currently on 1/23/15, the injured worker complains of global chronic pain complaints. The Primary Treating Physician's report dated January 23, 2015, noted the injured worker with kinesophobia and restricted movement, with pain to palpation in the lumbar musculature with greatly decreased range of motion (ROM) secondary to pain. Two trigger points were noted in the lower lumbar region near the L5-S1 junction. Per the doctor's note dated 9/24/14 patient had complaints of pain in neck and back. Physical examination revealed patient was in distressed state and he ambulated with a cane. He has had MRI of the lumbar spine on 09/18/2013 that revealed lumbar spine disc herniation; and degenerative disc disease and MRI of the cervical spine on 6/10/14 that revealed disc herniation; and degenerative disc disease and abnormal knee MRI. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having a low potency opioid like tramadol in a small quantity, available for use during sudden unexpected exacerbations of pain is medically appropriate and

necessary. This request for Tramadol (Ultram) 50mg #60 is medically appropriate and is necessary.