

Case Number:	CM15-0085937		
Date Assigned:	05/08/2015	Date of Injury:	06/10/2014
Decision Date:	06/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/05/2015

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 35-year-old female who sustained an industrial injury on 6/10/14. The injured worker was diagnosed as having brachial neuritis or radiculitis not otherwise specified, lumbago and chronic pain syndrome. Currently, the injured worker was with complaints of lower back and left knee pain on 3/12/15. Previous treatments included oral pain medication, oral muscle relaxants, non-steroidal anti-inflammatory drugs and physical therapy. The injured workers pain level was noted as 9/10. Physical examination was notable for lumbar spine restricted range of motion, paravertebral muscles with spasm and tenderness. The patient has had positive SLR and lumbar facet loading test, antalgic gait and decreased strength and sensation in LE. The plan of care was for medication prescriptions. The patient has had X-ray and MRI of the low back that revealed degenerative changes. Patient has received an unspecified number of PT and chiropractic visits for this injury. The medication list includes Fenoprofen, Medrox, Tramadol, Trazodone, Tylenol, Cyclobenzaprine, Zoloft and Lamictal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #30: Overturned

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

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 50 MG #30 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. The injured worker was diagnosed as having brachial neuritis or radiculitis not otherwise specified lumbago and chronic pain syndrome. Currently, the injured worker was with complaints of lower back and left knee pain on 3/12/15. The injured workers pain level was noted as 9/10. Physical examination was notable for lumbar spine restricted range of motion, paravertebral muscles with spasm and tenderness. The patient has had positive SLR and lumbar facet loading test, antalgic gait and decreased strength and sensation in LE. The patient has had X-ray and MRI of the low back that revealed degenerative changes. Patient is already taking a NSAID and a muscle relaxant. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain with abnormal objective physical exam findings and imaging studies and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50 MG #30 is deemed as medically necessary.