

Case Number:	CM15-0085965		
Date Assigned:	05/08/2015	Date of Injury:	05/12/2004
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
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:

This is a 60 year old female with a May 12, 2004 date of injury. A progress note dated March 23, 2015 documents subjective findings (left shoulder pain radiating to the left upper trapezius muscle; left paraspinal muscle and cervical spine pain; cervical spine pain radiating to the occiput causing headaches; right shoulder pain radiating to the right arm). Objective findings (positive tenderness over the cervical paraspinal musculature; decreased range of motion secondary to pain and stiffness; positive Spurling's sign bilaterally; positive acromioclavicular joint tenderness bilaterally; normal motor strength in the upper and lower extremities with normal bulk and tone; diminished sensation to light touch and pinprick in the bilateral C4-C6 dermatomal distribution), and current diagnoses (cervical discopathy with disc displacement; cervical radiculopathy; bilateral shoulder impingement syndrome). Treatments to date have included medications, compound creams, cervical spine fusion, and magnetic resonance imaging of the neck (March 12, 2014; showing active left side C4-5 facet arthritis, and mild to moderate foraminal narrowing left worse than right at C4-5 related to uncovertebral joint and facet arthrosis). The medical record identifies that medications and compound creams are helpful in alleviating some of the pain. The injured worker's pain rating has decreased from 10/10 to 2/10 after taking Fexmid; from 9/10 to 7-8/10 after taking Ultram; and from 9/10 to 6/10 after taking Anaprox. The treating physician documented a plan of care that included prescriptions for Norco and Ultram. The medication list include Flexmid, nalfon, Prilosec, Norco, ultram and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #90: 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: Ultram ER 150mg #90 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. A progress note dated March 23, 2015 documents subjective findings (left shoulder pain radiating to the left upper trapezius muscle; left paraspinal muscle and cervical spine pain; cervical spine pain radiating to the occiput causing headaches; right shoulder pain radiating to the right arm). Objective findings (positive tenderness over the cervical paraspinal musculature; decreased range of motion secondary to pain and stiffness; positive Spurling's sign bilaterally; positive acromioclavicular joint tenderness bilaterally; diminished sensation to light touch and pinprick in the bilateral C4-C6 dermatomal distribution). Current diagnoses (cervical discopathy with disc displacement; cervical radiculopathy; bilateral shoulder impingement syndrome). The patient has had history of cervical spine fusion. The patient has had magnetic resonance imaging of the neck on March 12, 2014; showing active left side C4-5 facet arthritis, and mild to moderate foraminal narrowing left worse than right at C4-5 related to uncovertebral joint and facet arthrosis. The injured worker's pain rating has decreased from 10/10 to 2/10 after taking Fexmid; from 9/10 to 7-8/10 after taking Ultram; and from 9/10 to 6/10 after taking Anaprox. Patient is already taking a NSAID and a muscle relaxant. The patient has chronic pain 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 Ultram ER 150mg #90 is deemed as medically appropriate and necessary.