

Case Number:	CM14-0152207		
Date Assigned:	09/22/2014	Date of Injury:	02/03/2011
Decision Date:	10/30/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California and Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations..

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 31-year-old woman who, on Feb 3, 2011, hurt her back while restocking wine shelves. It is stated a magnetic resonance imaging scan showed L5-S1 central disc herniation for which she had an epidural steroid injection, then a lumbar microdiscectomy for low back and right leg pain, followed by physical therapy w/use of transcutaneous electrical nerve stimulation and medications. Repeat magnetic resonance imaging scan showed recurrent herniation. An electromyogram/nerve conduction velocity study was performed. She has neurological deficits in addition to continuing pain. She is taking tramadol, naproxen, cyclobenzaprine, and a proton pump inhibitor. There is mention of consideration of Neurontin, but no documentation to support she has been prescribed this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride Er 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS; TRAMADOL (ULTRAM) Page(s): 75; 123.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. Central acting analgesics are 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) Side effects are similar to traditional opioids. Tramadol is not recommended as a first-line oral analgesic. There is no documentation that this worker has been tried on a first line medication. The request is not medically necessary.