

Case Number:	CM14-0168854		
Date Assigned:	10/17/2014	Date of Injury:	08/21/2007
Decision Date:	11/18/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine and is licensed to practice in California. 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:

The claimant was injured on 08/21/07 when he was moving a wheelbarrow of debris weighing 500-600 pounds and he tripped and fell. Tramadol is under review. He is status post bilateral L4-5 laminectomy with multiple level degenerative disc disease and had reached MMI in the past. He has had extensive treatment and imaging studies. Diagnoses include upper arm joint pain, post laminectomy syndrome, chronic back pain, neuralgia, neuritis, and radiculitis. He also has a mood disorder with hallucinations, carpal tunnel syndrome. EMG/NCV of the bilateral upper extremities on 04/07/14 revealed acute on chronic bilateral C7 radiculopathy and possible mild left C8 radiculopathy. There was bilateral median neuropathy, mild on the left and moderate on the right. A CURES report on 03/14/14 noted his drug use was consistent and appropriate. A urine drug screen on 01/31/14 was positive for Norco which was inconsistent but he reported taking his spouse's medication. Urine drug screen on 12/06/13 was consistent. On 09/26/14, he complained of worsening pain in the neck and back radiating to the bilateral arms and down both legs with tingling over the left forearm and numbness in both hands. His pain was rated 7/10 without medication. His sleep was poor. He was not taking his medications as prescribed. Multiple medications were denied. He has also been on anti-depressants. 20 psychological sessions along with medications Baclofen, Cymbalta, Tramadol, and Colace were ordered. He had previously tried and failed Nucynta. He was also denied Robaxin, Lunesta, and Lyrica. A note dated 03/14/14 reveals his medications included Zanaflex, Lunesta, Ultram, and Lyrica. On 10/08/13, a urine drug screen revealed no evidence of tramadol. Urine toxicology screen in September 2011 was inconsistent. There was no evidence of opiates but he had positive cocaine metabolites. On 10/10/14, he had ongoing neck and low back pain and bilateral lateral wrist and hip pain. He stated his medications were beneficial and he wanted to continue them. His medications included Amitriptyline, Baclofen, Cymbalta, and Tramadol. He had

failed newt Center and tramadol was recommended for breakthrough pain. He was to continue amitriptyline and Cymbalta. He stated his medications made him feel more energetic and he could do more chores and duties around the house. He reported that he had tweaking sounds in his ears while using Cymbalta and this was when he was using it in conjunction with Norco and Trazodone. He was again advised that he could not overtake his medications and should only take them as prescribed. The medications would be discontinued [if this happened again] due to multiple occurrences.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol HCL 50 mg #90, frequency unknown. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." Page 114 further states "Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). 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. Response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies (8-70 days) demonstrating efficacy." In this case, there is no documentation of trials and failure of or intolerance to other more commonly used first line drugs, including acetaminophen, or local modalities such as ice/heat along with an exercise program to help him maintain any benefit he gets from treatment measures. There is no evidence that this medication was prescribed while a first line drug was being titrated to pain relief or that other first line medications were ineffective or caused side effects. The anticipated benefit or indications for the use of this medication have not been stated. The claimant used tramadol in the past with unknown benefit/pain relief. The medical necessity of tramadol has not been clearly demonstrated.