

Case Number:	CM14-0214208		
Date Assigned:	01/07/2015	Date of Injury:	05/14/2014
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 39 year-old male with a 5/14/2014 date of injury. According to the 11/5/14 orthopedic report, the patient presents with 5-6/10 low back pain. Norco 7.5/325mg, tid, reduces the pain by 40%, but the patient has been out of medications for 4 days. He was prescribed #90 tablets on the prior visit on 10/01/2014. On 11/5/14 there is a report of a flare-up about a month prior and he had increasing weakness down the legs and reports more frequent cramping and weakness and sharp back pain when walking. The physician added a trial of tramadol/APAP as needed for pain. On 12/15/2014 utilization review denied a trial of tramadol/APAP 37.5/325mg, because the patient was already taking Norco 7.5/325mg for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.Pain outcomes and endpoints.CRITERIA FOR USE OF OPIOIDS. Page(s): 113, 8,76-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. MTUS page 8 under pain outcomes and endpoints states: fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and "breakthrough" pain may occur during the chronic clinical course and adjustments to the treatment will be necessary. MTUS page 76-80, Criteria for use of opioids Therapeutic Trial of Opioids, under When to Discontinue Opioids, states Prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. The patient is reported to have low back pain since 5/14/14 and had a recent flare-up around October 2014. The physician notes 40% pain control with Norco alone and wanted to try adding Ultracet for the flare-up. MTUS states exacerbation may occur and adjustments to the treatment will be necessary. The trial of Ultracet (Tramadol/APAP) is in accordance with MTUS guidelines. The request for Tramadol/APAP 37.5/325mg #90 is medically necessary.