

Case Number:	CM14-0217428		
Date Assigned:	01/07/2015	Date of Injury:	12/03/2012
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/29/2014

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: Preventive Medicine, Occupational Medicine

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 31 year old male with a date of injury of December 3, 2012. Results of the injury include low back pain, neck pain, headaches, anxiety, memory loss, and hearing loss. Diagnosis include lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis with evidence of mild central canal stenosis at the L4-L5, a 4 millimeter left foraminal disc protrusion abutting the existing left L4 nerve root and a two millimeter midline disc bulge at the L4-L5 level, as well as facet arthropathy of the lower lumbar spine per Magnetic Resonance Imaging (MRI) scan obtained on August 26, 2014, cervical spine musculoligamentous sprain/strain, headaches, memory loss, hearing difficulty, and anxiety. Treatment has included physical therapy and Orthostim 4 unit. MRI dated December 22, 2014 impression revealed small multilevel disc bulges and spinal canal stenosis created by congenitally short pedicles as detailed above. MRI of the cervical spine dated December 22, 2014 impression revealed there is a 2 mm broad based disc protrusion with congenitally short pedicles renders mild spinal canal stenosis. The right foreman is patent. There is left uncovertebral joint hypertrophy rendering moderate to severe left neural foraminal stenosis. Progress report dated November 3, 2014 revealed decreased range of motion to both the cervical and lumbar spine. Disability status was noted as permanent and stationary. Treatment plan was for a neurological consultation. Utilization review form dated November 21, 2014 non certified 120 tramadol 50 mg between 10/30/2014 and 10/30/2014 due to noncompliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 3, page 49, Chronic Pain Treatment Guidelines Opioids, Medications for Chronic Pain Page(s): 60-1, 74-94, 113.

Decision rationale: Ultram (tramadol) an opioid pain medication used to treat moderate to moderately severe pain with usual dosing every 6-8 hours. It acts by binding to the -opioid receptor but it also inhibits the reuptake of serotonin and norepinephrine. Because of this second activity it must be used cautiously in patients taking serotonin reuptake inhibitor medications as the combined medications may precipitate a life-threatening serotonin syndrome event. Studies have shown the effectiveness of this medication to control pain for up to three months but there are no long-term studies available showing effectiveness of chronic use. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly addresses this issue and has criteria for chronic use of opioids. The present provider has not documented meeting this criteria in that there is no documentation of any trial of first line medications for treating chronic pain nor any documentation of appropriate patient contract and monitoring of this patient for chronic opioid therapy. Thus, chronic use of opioids in this instance is not indicated at this time. Therefore this request is not medically necessary.