

Case Number:	CM15-0006239		
Date Assigned:	01/20/2015	Date of Injury:	03/12/1997
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 female patient, who sustained an industrial injury on 03/12/1997. A secondary treating visit dated 11/20/2014 reported continued significant tenderness of the lumbar paraspinal musculature with acute spasm on decreased range of motion secondary to the pain. Straight leg raise continues to be significantly positive on the left and is now at 60 degrees causing pulling down the right L5 dermatomal pattern. The patient also with cervicothoracic tightness through the lower thoracic region up to the interscapular region causing tight tension into the cervical area and palpation in the suboccipital reproduces headaches. Impression is noted as follows; acute exacerbation of low back and buttock pain, recent onset of right foot pain, right low back pain with tenderness at the right sacroiliac joint, chronic low back pain, postlaminectomy syndrome, lumbar degenerative disc disease at L3-L4, l4-l5 and L5-S-1, lower extremity rasicular pain, status post implantation of dual lead spinal cord stimulator, depression secondary to chronic pain/disability improving with Cymbalta, esophogitis and anemia. The following medications are prescribed; ultram ER, Norco 7.5/325 MG, Lidoderm patch, Senokot and spinal cord stimulator. The patient is deemed permanent and stationary. On 12/17/2014 Utilization Review non-certified the request for Ultram ER, noting CA MTUS Chronic Pain is cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been taking tramadol since at least July 2014 and has not obtained analgesia. In addition the patient has also been taking the opoid medications Norco. Criteria for long-term opioid use have not been met. The request should not be authorized.