

Case Number:	CM15-0120892		
Date Assigned:	07/01/2015	Date of Injury:	09/26/2006
Decision Date:	09/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/22/2015

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
 Certification(s)/Specialty: Anesthesiology

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 44 year old male, who sustained an industrial injury on 09/26/2006. The injured worker is currently diagnosed as having cervical disc disease, cervical radiculopathy, status post cervical spine surgery, and lumbar radiculopathy. Treatment and diagnostics to date has included cervical spine x-rays which showed C5-6 anterior interbody fusion with mild levoscoliosis, consistent urine drug screens, physical therapy, home exercise program, cervical spine surgery, and medications. In a progress note dated 04/24/2015, the injured worker presented with complaints of moderate to severe neck pain with no radicular symptoms, ongoing headaches despite taking medications, and persistent low back pain with radiating symptoms to the right and left lower extremity. The injured worker rates his pain 5 out of 10 on the pain scale which has unchanged since his last visit. Objective findings include moderate tenderness to palpation over the lumbar paraspinal muscles, lumbar and cervical facet tenderness, decreased cervical spine range of motion, and decreased sensation along the bilateral C5 and C6 dermatomes. The treating physician reported requesting authorization for Tramadol for mild pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of medications Page(s): 74-95; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet the MTUS guidelines. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.