

Case Number:	CM15-0137618		
Date Assigned:	07/27/2015	Date of Injury:	08/27/2009
Decision Date:	11/05/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 57 year old male who sustained an industrial injury on 8/27/09. The injured worker was diagnosed as having cervical degenerative disc disease, low back pain, neck pain, lumbar radiculitis, and degeneration of lumbar or lumbosacral intervertebral disc, cervicgia, cervical spondylosis, headache and chronic pain syndrome. Currently, the injured worker was with complaints of pain in the neck and lower back. Previous treatments included oral pain medication, injection therapy, physical therapy, heat/ice application, H-wave therapy, medial branch blocks, cervical facet rhizotomy, and home exercise program. Previous diagnostic studies included a magnetic resonance imaging. The injured work status was noted as off work until 8/5/15. The injured workers pain level was noted as 8/10 without medication use and a 7/10 with medication use on 7/1/15. Physical examination was notable for sensation intact and equal, minimal tenderness over cervical paraspinals with decreased range of motion due to pain, tenderness and spasm in the lumbar paraspinous muscles, straight leg raise positive on the left side. The plan of care was for Ultram 50 milligrams, quantity of 100. The patient has had UDS on 2/3/15 that was consistent for Tapentadol. The patient has had MRI of the lumbar spine on 10/20/2015 that revealed disc protrusions, foraminal narrowing, and degenerative changes and MRI of the cervical spine on 2/3/15 that revealed disc protrusions. Patient had received cervical rhizotomy on 4/10/15. Patient had received ESI for this injury. The medication list include Nucynta and Rameron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, quantity: 100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

Decision rationale: Ultram 50mg, quantity: 100 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "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." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The injured worker was diagnosed as having cervical degenerative disc disease, low back pain, neck pain, lumbar radiculitis, and degeneration of lumbar or lumbosacral intervertebral disc, cervicalgia, cervical spondylosis, headache and chronic pain syndrome. Currently, the injured worker was with complaints of pain in the neck and lower back. The injured workers pain level was noted as 8/10 without medication use and a 7/10 with medication use on 7/1/15. Physical examination revealed minimal tenderness over cervical paraspinals with decreased range of motion due to pain, tenderness and spasm in the lumbar paraspinous muscles, straight leg raise positive on the left side. The patient has had UDS on 2/3/15 that was consistent for Tapentadol. The patient has had MRI of the lumbar spine on 10/20/2015 that revealed disc protrusions, foraminal narrowing, and degenerative changes and MRI of the cervical spine on 2/3/15 that revealed disc protrusions. Patient had received cervical rhizotomy on 4/10/15. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Ultram 50mg, quantity: 100 is deemed as medically appropriate and necessary.