

Case Number:	CM15-0173557		
Date Assigned:	09/15/2015	Date of Injury:	12/14/2007
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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 31 year old male, who sustained an industrial injury on 12-14-2007. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include lumbar disc protrusion with radiculopathy and annular tear. Treatments to date include activity modification, medication therapy, and epidural steroid injections. Currently, he complained of ongoing low back pain with increasing left lower extremity symptoms. Current medications listed included Tramadol and Hydrocodone. The medical records documented a history of gastritis and NSAIDS and anti-inflammatories had been discontinued. On 7-23-15, the physical examination documented tenderness to the lumbar spine with limited range of motion, a positive left side straight leg raise test, and decreased sensation to left lower extremity. The patient had difficulty in arising from seated position. The medical records indicated a prior request for a lumbar decompression was pending. This appeal requested authorization for Tramadol 50mg #60. The Utilization Review dated 8-20-15, denied the request stating the "information available does not support the medical necessity" per California MTUS, Chronic Pain Medical Treatment Guidelines. The patient has had EMG study that revealed lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: 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: Tramadol 50mg #60. 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. Diagnoses include lumbar disc protrusion with radiculopathy and annular tear. Currently, he complained of ongoing low back pain with increasing left lower extremity symptoms. The medical records documented a history of gastritis and NSAIDS and anti-inflammatories had been discontinued. On 7-23-15, the physical examination documented tenderness to the lumbar spine with limited range of motion, a positive left side straight leg raise test, and decreased sensation to left lower extremity. The patient had difficulty in arising from seated position. The patient has had EMG study that revealed lumbar radiculopathy. The patient has chronic pain with significant objective findings. 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 Tramadol 50mg #60 is deemed as medically appropriate and necessary.