

Case Number:	CM15-0046701		
Date Assigned:	03/18/2015	Date of Injury:	09/09/2013
Decision Date:	04/23/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/11/2015

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 63 year old female, who sustained an industrial injury on September 9, 2013. She reported a cumulative trauma injury. The injured worker was diagnosed as having cervical sprain/strain, upper back myofascial pain syndrome, lumbar strain, and chronic bilateral trochanteric bursitis. Treatment to date has included medications, and electro-diagnostic studies. On October 21, 2014, she was seen for complaint of full body pain. She indicates the pain starts in the neck and radiates into the head, upper back, shoulders and arms. She indicates the pain gives her headaches, and that it radiates into her buttocks and legs, and there is numbness and tingling of her feet and hands. On November 20, 2014, electrodiagnostic studies of the lower extremities were done, which revealed multilevel lumbosacral radiculopathy. The patient has had MRI of the left shoulder that revealed osteoarthritis. The records indicate she has been utilizing Ultram since at least August of 2014. The request is for Ultram ER 200mg. Per the doctor's note dated 1/19/15 patient had complaints of pain in neck and back. Physical examination revealed tenderness on palpation. Patient has received an unspecified number of PT and chiropractic visits for this injury. The medication list include Omeprazole, tramadol, Naproxen, Cyclobenzaprine and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg, one daily, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Request: Ultram ER 150mg, one daily, #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. The injured worker was diagnosed as having cervical sprain/strain, upper back myofascial pain syndrome, lumbar strain, and chronic bilateral trochanteric bursitis. Treatment to date has included medications, and electrodiagnostic studies. On October 21, 2014, she was seen for complaint of full body pain. Per the doctor's note dated 1/19/15 patient had complaints of pain in neck and back. Physical examination revealed tenderness on palpation. On November 20, 2014, electro-diagnostic studies of the lower extremities were done, which revealed multilevel lumbosacral radiculopathy. The patient has chronic pain with objective evidence of radiculopathy 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 ER 150mg, one daily, #60 is deemed as medically appropriate and necessary.