

Case Number:	CM15-0072945		
Date Assigned:	04/23/2015	Date of Injury:	09/30/2011
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona, 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 32 year old male, who sustained an industrial injury on 9/30/11. He reported low right-sided back pain. The injured worker was diagnosed as having cervical radiculitis, cervical spondylosis, cervical facet arthropathy, and cervical degenerative disc disease. Treatment to date has included an epidural injection, chiropractic treatment, and physical therapy. A physician's report dated 1/15/15 noted pain was rated as 9/10. Currently, the injured worker complains of diffuse dysesthesia along cervical dermatomes. A physician's report dated 12/17/14 noted numbness down both arms and neck pain. The treating physician requested authorization for Tramadol 50mg #180. The treatment plan was to continue medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain increased over time and required an increasing amount of Norco in conjunction with Tramadol. The claimant was on the maximum dose of Tramadol. Clinical notes on 12/17/14 indicated the pain is worsening. In addition, the total amount of opioids along with Tramadol exceed the 120 mg of Morphine equivalent recommended by the guidelines. The Tramadol as prescribed above is not medically necessary.