

Case Number:	CM15-0073056		
Date Assigned:	04/23/2015	Date of Injury:	01/17/2015
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
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(n) 39 year old female, who sustained an industrial injury on 1/17/15. She reported pain in her neck and lower back related to a slip and fall accident. The injured worker was diagnosed as having cervical spine disc bulge and lumbar spine disc bulge. Treatment to date has included ice, activity modification and Motrin and Flexeril. As of the PR2 dated 3/4/15, the injured worker reports pain in her neck and lower back. The treating physician noted a decreased range of motion in the neck and lower back. The treatment plan includes physical therapy, MRIs and oral pain medications. The treating physician requested Ultram ER 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids 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. In this case, the claimant had 8/10 pain in Jan 2015 while on NSAIDs. A progress note on 3/4/15 did not document pain level but the claimant was given Celebrex, Flexeril and Tramadol for pain. There was no mention of Tylenol or Tricyclic failure. Although the Tramadol may be needed for pain due to failure of NSAID, the notes did not justify initiation of the medication or note a controlled substance agreement. The Tramadol is not medically necessary.