

Case Number:	CM15-0078994		
Date Assigned:	04/30/2015	Date of Injury:	12/27/2010
Decision Date:	06/01/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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: 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 12/27/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spondylosis and radiculopathy, cervical stenosis and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included injection and medication management. In a progress note dated 3/25/2015, the injured worker complains of chronic neck pain that radiates out toward the arms. The treating physician is requesting Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Tramadol 50mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS

guidelines state that small class of synthetic opioids 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. The maximum dosing of Tramadol is 400 mg/day. The injured worker is diagnosed with cervical radiculopathy and recent interventional pain management procedures have not been efficacious. The treating physician has requested acupuncture treatments. The request for Tramadol while alternative treatment options are pursued is supported. There is no evidence of abuse or diversion, and the requested dosage and quantity of Tramadol is supported. The request for Pharmacy purchase of Tramadol 50 mg #90 is medically necessary and appropriate.