

Case Number:	CM15-0090919		
Date Assigned:	05/15/2015	Date of Injury:	07/05/2012
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old male who sustained an industrial injury on 07/05/2012. The injured worker was diagnosed with lumbar sprain/strain with radiculitis left leg, discogenic neck pain, cervical spinal stenosis with myelomalacia and mild dyspepsia. Treatment to date includes a recent magnetic resonance imaging (MRI) dated March 6, 2015 which officially reported critical spinal stenosis at C5-6 and C6-7 with loss of cerebrospinal fluid signal and a central disc extrusion at C6-7 with significant early cord compression, multiple epidural steroid injection, chiropractic therapy, physical therapy and medications. The injured worker is status post lumbar fusion (no date documented). According to the primary treating physician's progress report on April 14, 2015, the injured worker continues to experience recurrent neck pain and headaches. Examination demonstrated tenderness in the cervical and lumbar musculature with mild to moderate spasm. Cervical spine range of motion was decreased in all fields due to increasing pain with movement. Current medications are listed as Tramadol and Protonix. Treatment plan consists of neurosurgical consultation and the current request for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more) Page(s): 68, 79-88.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Tramadol 50mg #90 is not medically necessary.