

Case Number:	CM14-0155895		
Date Assigned:	09/25/2014	Date of Injury:	07/03/2013
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 07/03/2013. This patient's low back injuries arose when he attempted to hold a heavy beam. A lumbar MRI on 09/06/2013 revealed a disc extrusion at L4-L5. The patient received an epidural injection on 02/24/2013. The patient has chronic low back pain with radiation down the left lower extremity made worse with lifting. On exam, SLR is positive on the L at 40 degrees and negative on the R. Reflexes are 2+. Medical diagnoses are: lumbosacral sprain and herniated disc with extrusion at L3-L4 and L sided sciatica. The patient takes Remeron, Norco, tramadol (less than 6 a day), and baclofen for flair ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Tramadol 50mg #100 (DOS: 08/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-80.

Decision rationale: This patient has chronic low back pain with sciatica. Tramadol is a centrally acting opioid. Opioids are not recommended for chronic low back pain, as studies fail to show

long-term efficacy after 16 weeks of therapy. In multiple studies, Tramadol, when compared to a placebo, failed to show any benefit in function. Tramadol is not medically indicated.