

Case Number:	CM14-0158409		
Date Assigned:	10/01/2014	Date of Injury:	09/26/2013
Decision Date:	11/14/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Emergency 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:

The injured worker is a 46 year-old female, who sustained an injury on September 26, 2013. The mechanism of injury occurred when she lifted a heavy container. Diagnostics have included: June 28, 2014 lumbar MRI reported as showing L-12 disc protrusion, L5-S1 disc protrusion and patent neuroforamen. Treatments have included: medications, right sacroiliac injection, lumbar epidural injection, chiropractic, H-wave. The current diagnoses are: right hip strain/sprain, lumbosacral strain/sprain, right sacroiliac joint arthralgia, and lumbar radiculitis. The stated purpose of the request for Tramadol 150mg #30 was for long-acting pain relief. The request for Tramadol 150mg #30 was denied on September 17, 2014, citing a lack of documentation of first-line opiate trials. Per the report dated August 8, 2014, the treating physician noted complaints of pain to the low back with radiation to the right buttock, calf and right foot, along with numbness and tingling to the right foot. Exam findings included right sacroiliac tenderness, positive right sacroiliac joint provocative maneuvers, 4/5 right iliopsoas strength, right EHL, intact reflexes and sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management and Tramadol, Opioids for Chronic Pain, Page(s): 78-80 113.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the low back with radiation to the right buttock, calf and right foot, along with numbness and tingling to the right foot. The treating physician has documented right sacroiliac tenderness, positive right sacroiliac joint provocative maneuvers, 4/5 right iliopsoas strength, right EHL, intact reflexes and sensation. The treating physician has not documented: failed first-line opiate trials. The criteria noted above not having been met, therefore, Tramadol 150mg #30 is not medically necessary.