

Case Number:	CM14-0182481		
Date Assigned:	11/07/2014	Date of Injury:	11/12/2009
Decision Date:	12/11/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 status post posterior lumbar interbody fusion at L4-5 for a low back injury of 11/12/2009. The diagnosis is lumbar disc displacement without myelopathy. The last note of 9/19/2014 indicates that surgery was performed in May 2014 and he was doing well. He was continuing physical therapy. On examination there was tenderness to palpation in the lumbar paraspinal muscles with 1-2+ muscle spasm. Sensation was diminished in the right L5 dermatome. Motor strength was 5/5 in all muscle groups. The disputed issue pertains to a prescription for Tramadol 150mg, 1 tab once daily # 60. This was modified by UR to Tramadol ER 150mg 1 tab once daily # 30. The extended release Tramadol is long acting with once a day dosage. The quantity was decreased to a one month's supply on a trial basis renewable upon documentation of efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg 1 tab once daily, #60 dispensed 9/19/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Tramadol Page(s): 93,94,113.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. As an opioid it is subjected to the same guidelines as other opioid analgesics, such as opioid therapy contracts, careful documentation, and limitation of prescribing to one pharmacy, frequent random urine toxicology screens, and state medical board guidelines. The immediate release Tramadol is recommended at a dose of 50 to 100 mg every 4 to 6 hours. For patients currently on Tramadol the extended release form is recommended at a dosage of the current 24 hour dose of the immediate release Tramadol rounded to the next lowest 100mg increment (Maximum dose: 300 mg per day). Thus the recommended starting dose of the extended release tramadol per guidelines is 100 mg per day with upward titration to 200 mg per day if needed. The requested 150 mg once daily dosage of the immediate acting Tramadol #60 is not recommended per guidelines and as such is not medically necessary.