

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0054292 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/26/2013 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 11/15/2013 |

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 38 year old female, who sustained an industrial injury on March 26, 2013. She reported continuous trauma injury to her back. The injured worker was diagnosed as having lumbago, displacement of lumbar intervertebral disc without myelopathy, myalgia and lateral recess stenosis L5-S1. Treatment to date has included diagnostic studies, medication and physical therapy. On September 5, 2013, the injured worker complained of constant pain in her lower back traveling to her right leg posteriorly to the plantar portion of the foot. The pain was described as stabbing, pins and needles and burning. There was also numbness in the bilateral lower extremities. The pain was rated as an 8 on a 1-10 pain scale without medications and as a 6/10 on the pain scale with medications. The treatment plan included a lumbar epidural steroid injection, psychological evaluation, laboratory studies, medication and a follow-up appointment. The injured worker is working modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-96, 93.

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. In this case the injured worker is followed for low back pain and has evidence of neuropathic pain. The MTUS guidelines also state that opioids may be continued if there is improvement in pain and function. It's noted that the injured worker is working modified duties. The request for Tramadol 50 mg #60 is therefore medically necessary.