MAXIMUS Federal Services

Case Number:	CM14-0124935		
Date Assigned:	08/11/2014	Date of Injury:	05/08/2001
Decision Date:	07/20/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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, North Carolina
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 was a 43 year old male, who sustained an industrial injury, May 8, 2001. The injured worker previously received the following treatments Celebrex and Tramadol. The injured worker was diagnosed with low back pain and sciatica. According to progress note of May 30, 2014, the injured workers chief complaint was bilateral low back pain with radiation down the left leg. There were associated symptoms of numbness of the bilateral lower extremities. The injured worker rated the pain 7 out of 10 intermittent and moderate in intensity. The pain was relieved by rest, ice, heat, stretching and narcotic pain medication. The pain was aggravated by twisting and hip rotation. The physical exam noted tingling in the left leg. The treatment plan included a prescription for Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 50mg, qty 140 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80, 93-94.

Decision rationale: Tramadol is a synthetic opioid affecting the CNS. It is indicated for neuropathic pain that has not responded to first-line agents such as antidepressants or anti-convulsants. In this case the patient has been using Tramadol since at least 3/2013 according to the records submitted without objective evidence of functional improvement or pain relief. The patient's pain level has actually increased, therefore it is clear that the use of Tramadol lacks efficacy and should be discontinued. As such, the request is deemed not medically necessary or appropriate.