

Case Number:	CM14-0196034		
Date Assigned:	12/04/2014	Date of Injury:	11/27/2012
Decision Date:	01/15/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 Practice 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:

57 yr. old male claimant sustained a work injury on 11/27/12 involving the low back. He was diagnosed with lumbar radiculopathy and lumbar degenerative disk disease. He had undergone physical therapy and chiropractor sessions. He had undergone epidural steroid injections. A progress note on 10/9/14 indicated the claimant had 8/10 pain. He had been on Ibuprofen Ultracet, Cymbalta, Gabapentin and Flexeril for pain, neuropathy and spasms. Exam findings were notable for decreased range of motion of the lumbar spine, inability to walk on the heels and toes as well as paravertebral spasms. He had been on Tramadol since at least May 2014 at which time his pain was also 8/10 with similar exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL-Acetaminophen 37.5/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use

after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain had remained 8/10 without change in function. He had been on Tramadol for several months. It is intended for short-term use. It is under study for long-term use. The continued use of Tramadol as above is not medically necessary.