

Case Number:	CM14-0198846		
Date Assigned:	12/09/2014	Date of Injury:	04/22/2013
Decision Date:	01/21/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/26/2014

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 Occupational 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 sustained a work related injury on April 22, 2013, while bending over to close a lid, experiencing back and radiating leg pain. The injured worker was noted to have undergone a L4-L5 laminectomy with interbody fusion and instrumentation. The surgical report was not included in the documentation provided. Post operative studies have revealed increased post operative perineural scarring and hardware loosening. She has increasing leg neuropathic pain. The injured worker's conservative treatments were noted to have included acupuncture and oral medications. The Primary Treating Physician's report dated November 12, 2014, noted the injured worker with increased lumbar spine pain, with stiffness, weakness, and numbness. The physical examination was noted to show the injured worker worse, with tenderness to palpation and spasm to the lumbar spine, with decreased range of motion and strength. The diagnoses were listed as lumbar sprain/strain, and thoracic/lumbosacral neuritis/radiculitis. The Physician requested authorization for Tramadol 50mg #70. On November 19, 2014, Utilization Review evaluated the request for Tramadol 50mg #70, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) and the Chronic Pain Medical Treatment Guidelines. The UR Physician noted the request was noted to be for chronic pain, however, there was no indication of any significant or severe positive objective physical exam findings that would account for a pain condition requiring this type of ongoing opioid treatment. The UR Physician also noted there was no indication of significant overall functional improvement with the opioid treatment, with long-term use of opioids for chronic pain not supported in the guideline criteria. The UR Physician noted the Tramadol 50mg #70 was not medically reasonable or necessary, and was noncertified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS supports rational use of opioids when there is evidence of pain relief, improved functioning and a lack of aberrant drug related behaviors. There is no pain relief reported and no functional benefits subsequent to the use of Tramadol. The Tramadol provides inadequate benefits for Guidelines to support. Under these circumstances the Tramadol 50mg. #70 is not medically necessary.