

Case Number:	CM14-0207921		
Date Assigned:	12/19/2014	Date of Injury:	09/25/2013
Decision Date:	02/12/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/12/2014

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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 61 year old male with a work injury dated 9/25/13. The diagnoses include lumbar herniated disc, lumbar degenerative disc disease, and lumbar stenosis . Under consideration is a request for Tramadol ER 150mg quantity 90. Per a Primary Treating Physician's Progress Report (PR2) dated 11/12/14, the patient's pain had been intermittent since the day of the injury, better rated at 3/10, with radiation to the right lower extremity in the buttocks, lateral thigh, and lateral leg with numbness. The patient's symptoms have improved after PT and now mostly in the lateral leg only and less in the lowback. lifting, bending, walking all made pain worse while test Improved it. The physician recommends selective spinal injections, an epidural steroid injection (ESI) and facet injection at the right L4 to L5. The patient was placed on work restrictions was restricted to limited bending and twisting and lifting less than 25 pounds. The patient's work restrictions were to continue, and might even be TID until the patient gets this basic treatment as recommended. The patient might go back to work with light duty (less than 25 pounds lifting),but only because the patient's treatment and disability had been denied and the patient needed income to stay alive. If the injections were not approved, then surgery would have to be requested. His current medications were Naproxen, Fexmid, Tramadol HRL ER 150mg; Lansoprazole; Lisinopril; Temezepam; Voltaren Gel; Vitamin D. Sensation is intact to light touch globally. Strength is 5/5 bilateral lower extremities. Reflexes are 2/2. The lumbar spine has limited range of motion. The straight raise is positive on the right and slump test positive on right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Ongoing management, Weaning medicatio.

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

Decision rationale: Tramadol ER 150mg quantity 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on Tramadol without evidence of the above pain assessment or documentation of functional improvement. Without evidence of this the request for Tramadol ER 150mg quantity 90 is not medically necessary.