

Case Number:	CM14-0043971		
Date Assigned:	07/02/2014	Date of Injury:	02/17/2012
Decision Date:	03/13/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/10/2014

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

Certification(s)/Specialty: Emergency Medicine

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 25 year old male, who sustained an industrial injury on 2/17/2012. The diagnoses have included lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS), pain medications, epidural steroid injections and chiropractic treatment. According to the Primary Treating Physician's Progress Report from 2/15/2014, the injured worker complained of pain in the lumbar region that radiated to the left lower extremity with throbbing pain. He states he started having a flare up about one week ago. He stated that naproxen did not alleviate his pain much. Objective findings revealed reduced range of motion in the lumbar region with minimal tenderness to palpation. He received a Toradol 30mg injection at the 2/15/2014 visit. The injured worker was to avoid heavy lifting, bending and stooping. The treatment plan was for a trial of Tramadol 50mg one tablet daily to twice a day for increased pain. On 3/27/2014, Utilization Review modified a request for Tramadol 50mg #90 to Tramadol 50mg #60, noting that the prescribed usage translates to a maximum usage of 60 tablets per month. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol.

Decision rationale: The requested Tramadol 50mg #90 , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the lumbar region that radiated to the left lower extremity with throbbing pain. He states he started having a flare up about one week ago. He stated that naproxen did not alleviate his pain much. The treating physician has documented reduced range of motion in the lumbar region with minimal tenderness to palpation. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #90 is not medically necessary.