MAXIMUS Federal Services

Case Number:	CM15-0000719		
Date Assigned:	01/12/2015	Date of Injury:	06/27/2002
Decision Date:	03/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/02/2015

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: Arizona, California
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 is a 52 year old male, who sustained an industrial injury on June 27, 2002. The diagnoses have included chronic lumbar strain/sprain, lumbar neuritis and lumbar segmental dysfunction. Treatment to date has included urine toxicology testing and oral medications.Currently, the IW complains of continued chronic pain across the lower back and is brought on with such activities as bending, lifting, twisting, prolonged sitting, getting out of cars and chairs, sneezing straining to stool, coughing and lying flat he indicates the medications are helping him. The claimant had been on a combination of Tramadol ER, Noprflex and Naprosyn for several months. A progress note on 6/4/10 indicated the claimant had 3/10 pain. Exam findings were notable for decreased range of motion of the lumbar spine. All medications containing Tylenol were discontinued due to an elevation in liver enzymes. In November 2014, his pain remained at 3.5/10 and exam findings were unchanged. Liver function tests were being ordered. On December 5, 2014 Utilization Review non-certified a Tramadol 150mg quantity thirty noting Medical treatment utilization schedule (MTUS) guidelines was cited.On November 24, 2014, the injured worker submitted an application for IMR for review of Tramadol 150mg quantity thirty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 79 -80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and 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 had been on an NSAID and Tramadol. Direct effectiveness of Tramadol on pain control cannot be ascertaines since it had been used for months along with Naprosyn. In addition, Tramadol is also metabolized by the liver. Due to elevated liver tests, the claimant had discontinued Tylenol. The continued use of Tramadol can contribute to persistent lever function test abnormalities. The continued use of Tramadol ER as above is not medically necessary.