

Case Number:	CM15-0007180		
Date Assigned:	01/22/2015	Date of Injury:	04/18/2013
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old female, who sustained an industrial injury on April 18, 2013. The mechanism of injury is unknown. The diagnoses have included degenerated disc disease lumbar, lumbar radiculopathy, facet arthropathy lumbar and myofascial pain syndrome. Treatment to date has included diagnostic studies, home exercise program, steroid injections and medications. Currently, the injured worker complains of low back pain radiating from left to the legs. The pain is aggravated with bending. The pain is rated as a 5 on a 1-10 pain scale. On December 11, 2014, Utilization Review non-certified Tramadol HCL 50 milligrams #30, noting the California Medical Treatment Utilization Schedule Guidelines. On January 13, 2015, the injured worker submitted an application for Independent Medical Review for review of Tramadol HCL 50 milligrams #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67-73; 78-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCl 50 mg #60 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function for improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are degenerative disc disease, lumbar; lumbar radiculopathy; facet arthropathy, lumbar; and myofascial pain syndrome. Subjectively, the injured worker complains of low back pain radiating to the left greater than right legs. Bending aggravates the pain (8/10). Objectively, there is tenderness over the lower back on extension along the facets. There is no paraspinal muscle spasm noted. Muscle strength is 5/5 in the bilateral lower extremities. Tramadol 50 mg appears in a July 17, 2014 progress note (the earliest progress note in the record). The documentation does not contain evidence of objective functional improvement associated with long-term use of tramadol to gauge efficacy. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Tramadol HCl 50 mg, Tramadol HCl 50 mg #60 is not medically necessary.