

Case Number:	CM15-0008217		
Date Assigned:	01/26/2015	Date of Injury:	12/05/2008
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male who reported an injury on 12/05/2008. The mechanism of injury was not stated. The current diagnoses include lumbar radiculopathy, anxiety disorder, chronic pain syndrome and brachial neuritis or radiculitis. The injured worker presented on 12/15/2014 with complaints of persistent low back pain. Upon examination, there was paravertebral muscle tenderness in the cervical spine with restricted range of motion, spasm and positive Spurling's sign on the left. Examination of the lumbar spine also revealed paravertebral muscle tenderness, spasm, reduced range of motion, reduced sensation in the L5 dermatomal distribution, positive straight leg raise bilaterally and absent Achilles tendon reflex bilaterally. Recommendations included continuation of the current medication regimen of Norco 10/325 mg, ketoprofen 75 mg, Lidoderm 5% patch, Amrix ER 15 mg, oxycodone HCL 10 mg and tramadol HCL 50 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hcl 50 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker is currently utilizing multiple opioid medications. The medical necessity for tramadol HCL 50 mg has not been established. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no mention of a failure of nonopioid analgesics. There is no frequency listed in the request. Given the above, the request is not medically appropriate.