

Case Number:	CM15-0100005		
Date Assigned:	06/02/2015	Date of Injury:	12/18/2013
Decision Date:	07/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 51 year old female sustained an industrial injury to the low back on 12/18/13. Previous treatment included magnetic resonance imaging, physical therapy and medications. Magnetic resonance imaging lumbar spine (5/6/14) showed disc herniation at L2-3 with mild to moderate left foraminal encroachment at L3-4, L4-5 and L2-3, disc protrusion at L5-S1 with facet degeneration. In a PR-2 dated 11/12/14, the injured worker complained of pain 3/10 to the low back. The injured worker was prescribed Tramadol, Nortriptyline, Omeprazole and Voltaren Gel. In a Pr-2 dated 3/26/15, the injured worker complained of low back, left gluteal and left leg pain. The injured worker had received a transcutaneous electrical nerve stimulator unit but was not sure how to use it. Physical exam was remarkable for lumbar spine with left posterior sacroiliac joint tenderness to palpation, spasms and positive Patrick's and FABER's tests on the left. Current diagnoses include sacroiliitis, lumbar spine radiculopathy and lumbar facet pain. The treatment plan included medications (Tramadol, Nortriptyline and Meloxicam) and requesting authorization for a left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30 1 tab po QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 12/18/13. The medical records provided indicate the diagnosis of sacroiliitis, lumbar spine radiculopathy and lumbar facet pain. Treatments have included physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Tramadol 50mg #30 1 tab po QD. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the pain has worsened since 11/2014 when the medication was started, and there has not been overall improvement. Therefore the request is not medically necessary.