

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0016408 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 05/16/2001 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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:

The injured worker is a 65 year old male who sustained an industrial injury on 05/16/2001. The current diagnosis includes lumbar spondylosis. Treatments to date include medication management, epidural steroid injection, and medial branch blocks. Report dated 01/12/2015 noted that the injured worker presented with complaints that included low back pain. Current medication regimen includes Lyrica, Celebrex, Lexapro, Prilosec, and Tramadol. Physical examination was positive for abnormal findings. The utilization review performed on 01/16/2015 non-certified a prescription for Tramadol, based on the clinical information submitted medical necessity was not supported. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, 120 count: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 05/16/2001. The medical records provided indicate the diagnosis of lumbar spondylosis. Treatments to date include medication management, epidural steroid injection, and medial branch blocks. The medical records provided for review do not indicate a medical necessity for Tramadol 50 mg, 120 count. The medical records indicate the injured worker has been on this medication for about one year. The records indicate medications reduced the pain from 7/10 to 4/10 during the visit in 12/14; the injured worker was not working. On a return visit in 1/15, the pain was down from 7/10 without medications to 2/10 with medications; there was no documentation of the activity status. The MTUS recommends the opioids for short-term treatment of moderate to moderately severe pain. It recommends discontinuing treatment if there is no overall improvement in pain or function. Although the injured worker appears to be having pain reduction, the worker has used the medication beyond the 70 days usage that is supported by research; there has been no overall improvement in function. The request is not medically necessary.