

Case Number:	CM15-0135167		
Date Assigned:	07/23/2015	Date of Injury:	12/18/2013
Decision Date:	08/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, Florida, California

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 50 year old male, who sustained an industrial injury on 12/18/2013. Diagnoses include lumbar sprain/strain, cervicalgia, displaced lumbar intervertebral disc and sciatica. Treatment to date has included physical therapy, NSAIDs, home exercise, and activity modification. Per the Primary Treating Physician's Progress Report dated 5/07/2015 the injured worker reported pain in the lumbar spine. He does not feel any better. Physical examination revealed a male in distress. He walks without a limp but has a forward stooped posture. He stands on his heels and toes with difficulty. There was tenderness in the lumbosacral area. Range of motion showed 0 degrees of extension and on forward bending he was able to bring his fingers to his knees. The plan of care included an epidural steroid injection. Authorization was requested for Tramadol 50mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13, 83 and 113 of 127.

Decision rationale: This claimant was injured in 2013 with a lumbar sprain/strain, cervicalgia, and displaced lumbar intervertebral disc and sciatica. As of May 2015, there is lumbar pain with no improvement. Range of motion showed 0 degrees of extension and on forward bending he was able to bring his fingers to his knees. The plan of care included an epidural steroid injection. Past usage and outcomes of tramadol is not known. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. The request is not medically necessary.