

Case Number:	CM15-0136463		
Date Assigned:	07/24/2015	Date of Injury:	02/28/2014
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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

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 48 year old female, who sustained an industrial injury on 02/28/2014. She has reported injury to the low back. The diagnoses have included low back pain; lumbar or lumbosacral disc degeneration; lumbar disc displacement without myelopathy; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; and chronic pain syndrome. Treatment to date has included medications, diagnostics, ice, heat, epidural steroid injection, chiropractic therapy, physical therapy, and home exercise program. Medications have included Tramadol, Gabapentin, Cyclobenzaprine, Sennosides, Fioricet, and Omeprazole. A progress note from the treating physician, dated 04/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back pain; the pain is rated as 6/10 with zero being no pain and 10 having the worst pain possible; the pain is characterized as aching and throbbing; it radiates to the upper back, middle back, right thigh, right leg, and right foot; relieving factors include medication and rest; she states that the medications are helping and she tolerates them well; with the current medication regimen, her pain symptoms are adequately managed; the level of sleep has increased; pain level has remained unchanged since last visit; she has been experiencing depressive symptoms, she feels irritated, lack of concentration while doing skilled work; and she feels fatigued and complains of reduced energy. Objective findings included lumbar range of motion is restricted and limited by pain; tenderness on palpation of lumbar paravertebral muscles is noted on the right side; spinous process tenderness is noted on L1, L2, L3, L4, and L5; and light touch sensation is decreased over the L4-5 dermatome on the right

side. The treatment plan has included the request for retrospective Tramadol HCl ER 150mg #30 (date of service: 04/09/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol HCL ER 150mg #30 (DOS 4/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Tramadol, Criteria for Use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker is using Ultram for chronic pain without objective evidence of decrease in pain or increase in function. A prior review recommended approval for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for retrospective Tramadol HCL ER 150mg #30 (DOS 4/9/15) is determined to not be medically necessary.