

Case Number:	CM15-0137792		
Date Assigned:	07/27/2015	Date of Injury:	01/08/2014
Decision Date:	09/22/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 40 year old female who sustained an industrial injury on 01/08/2014. She reported an injury to her mid and low back. Treatment to date has included medications and physical therapy. According to the most recent progress report submitted for review and dated 06/08/2015, subjective complaints included persistent pain in the lower back that was rated 9 on a scale of 1-10. Pain was constant and the same if not worsening with pain radiating to both thighs, worse on the right. Tramadol helped bring pain from a 9 down to 6 or 7. Flexeril helped with the paraspinal muscle spasms and reduced her pain from a 9 to 6 or 7. She had completed 4 out of 7 sessions of physical therapy. She stated that she felt great for the first 2 days after therapy but then the pain returned. She was currently not working. Examination of the lumbar spine demonstrated decreased range of motion. There was tenderness to the paraspinals, right greater than left. Neurovascular status was intact. Deep tendon reflexes were 1+ on the right and 2+ on the left at the patellar and Achilles tendons. Diagnoses included acute thoracolumbar strain, thoracolumbar contusion and bilateral lower extremity cramps. X-rays of the lumbar spine demonstrated good spacing between the vertebrae without any evidence of fracture or deformities. The provider noted that due to the persistent pain, decreased function and failure with conservative therapies, that an MRI of the lumbar spine would be requested to rule out herniated nucleus pulposus versus degenerative joint disease. Prescriptions included Tramadol and Flexeril. There were no signs of abuse, overuse or adverse reactions. Work status was unchanged. She was to complete sessions of physical therapy. Urine toxicology was obtained. Currently under review is the request for Tramadol 50 mg 1 tablet by mouth every 8 hours as

needed for pain #90. Documentation shows long-term use of Tramadol dating back to 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 tablet by mouth every 8 hours as needed for pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does report decrease in pain with opioid medication but does not document any functional improvement related to use of medication. Therefore, the record does not support medical necessity of ongoing opioid therapy with tramadol.