

Case Number:	CM15-0138660		
Date Assigned:	07/28/2015	Date of Injury:	11/16/2000
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male, who sustained an industrial injury on 11/16/2000. Diagnoses have included Grade 1 anterolisthesis of L4 over L5; L4 to S1 spondylosis and history of nondisplaced fractures of the right anterior fourth, fifth and sixth ribs. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 6/8/2015, the injured worker complained of increased pain in his low back which was radiating down to his bilateral legs, right more than left. He had difficulty walking. It was noted that he had not had any significant conservative management. Physical exam revealed mild tenderness to palpation of the spine. Sensation was decreased in the distribution of the bilateral L4, L5 and S1 nerve roots. Current medications were not listed. The treatment plan was for a course of physical therapy and to start Tramadol for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 1 RF: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears this medicine is being initiated due to the patient's pain which is not responded to current treatments. A trial of this medication seems reasonable. Of course further support for this medicine would require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. As such, the currently requested ultram is medically necessary.