

Case Number:	CM15-0138755		
Date Assigned:	07/28/2015	Date of Injury:	09/24/2010
Decision Date:	08/26/2015	UR Denial Date:	07/09/2015
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: 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 59 year old male, who sustained an industrial injury on September 24, 2010, incurring lower back injuries. He was diagnosed with lumbar disc disease, multi-level disc herniation of the lumbar spine with neuroforaminal narrowing, and facet arthropathy of the lumbar spine. Treatment included physical therapy, pain medications, neuropathic medications, muscle relaxants, epidural steroid injection, acupuncture, spinal fusion surgery in 2012, antidepressants and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating up into the upper back and into the neck. He noted periods of urinary incontinence. He had periods of depression and anxiety secondary to the constant pain. The treatment plan that was requested for authorization included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultram, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 3 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Tramadol/APAP 37.5/325mg #90 is not medically necessary.