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| Case Number: | CM15-0139077 | | |
| Date Assigned: | 07/29/2015 | Date of Injury: | 04/05/2013 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 07/13/2015 |
| 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: New York

Certification(s)/Specialty: Anesthesiology

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 49 year old male, who sustained an industrial injury on 4-5-2013. The mechanism of injury is injury from being hit by a child with a cognitive disability. The current diagnoses are sprain and strain of the sacroiliac ligament, lumbar disc displacement without myelopathy, superior glenoid labrum lesion, and long-term medication use. According to the progress report dated 7-2-2015, the injured worker complains of constant right-sided low back, right hip, and right upper thigh pain. The level of pain is not rated. The physical examination reveals limited flexion of the lumbar spine, full strength in the bilateral lower extremities, and negative straight leg raise test. On musculoskeletal exam, there is tenderness to internal rotation and abduction of the right hip, positive Fabre on the right hip, positive facet loading on the right, and tenderness to palpation of the right sacrotuberous ligament and piriformis. The current medications are Tramadol, Gabapentin, Salonpas patch, and Zolpidem. He reports significant pain relief with Tramadol and Gabapentin, noting at least 50% pain relief and improved tolerance of standing and walking. There is documentation of ongoing treatment with Tramadol since at least 8-19-2014. Treatment to date has included medication management, physical therapy, and MRI studies. Right sacroiliac joint and surgical consultation of the right hip was denied. MRI studies of the right hip from 2013 shows labral tear. Work status was described as not permanent and stationary. A request for Tramadol has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, and Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Tramadol/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested Tramadol HCL/APAP 37.5/325mg has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.