

Case Number:	CM15-0139388		
Date Assigned:	07/29/2015	Date of Injury:	05/13/1982
Decision Date:	08/25/2015	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: Massachusetts

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 72-year-old female, who sustained an industrial injury on May 13, 1982. She reported an injury to her low back. Treatment to date has included physical therapy, modified work duties, medications, MRI of the lumbar spine, lumbar surgeries, and TENS unit. Currently, the injured worker complains of low back pain. She describes the pain as dull and aching and notes that the pain is constant. Her pain is moderate to severe and causes profound limitations. She reports radiation of pain to the left lower extremity. Her pain is aggravated with bending over, prolonged sitting and standing and is relieved with Terocin patches. The diagnoses associated with the request include post-laminectomy lumbar spine. The treatment plan includes continued use of TENS unit, continuation of Tramadol and Terocin and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in 1982 and continues to be treated for low back pain. When seen, she was having ongoing constant moderate to severe pain with profound physical limitations. When seen, she had run out of medications and was requesting a refill. Imaging results were reviewed. No physical examination was recorded or has been recorded by the requesting provider within the past six months. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.