

Case Number:	CM15-0141750		
Date Assigned:	07/31/2015	Date of Injury:	07/27/2014
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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 38 year old male, who sustained an industrial injury on 7-27-2014. Diagnoses include chronic lumbar back pain and probable facet mediated pain from the lumbar spine. Treatment to date has included diagnostics, medications, traction and chiropractic care. Magnetic resonance imaging (MRI) dated 9-23-2014 was read by the evaluating provider as a posterior protrusion at L4-L5 disc with annular ligament tear. Per the Primary Treating Physician's Progress Report dated 6-15-2015, the injured worker reported lower back pain. He continues to have lower back pain which is worse since he has not been provided with his Norco. Physical examination revealed decreased ranges of motion and paralumbar tenderness at L2 and L5-S1. There was some slight sacroiliac tenderness and some lumbar spasm. The plan of care included medication management and authorization was requested for Tramadol 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Tramadol HCL 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-80.

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Ultram 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, the patient was previously taking Norco, it is unclear the Tramadol is order to be used with Norco or to replace Norco. There is no discussion regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for the use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol, is not medically necessary.