

Case Number:	CM15-0141816		
Date Assigned:	07/31/2015	Date of Injury:	10/30/2014
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 23 year old male with an industrial injury dated 10/30/2014. The injury is documented as occurring when he was lifting a 35-pound metal based stand for lighting equipment and speakers. After lifting the stand, he felt pain in his low back with radiating pain to the buttocks and legs. His diagnoses included lumbar spine radiculopathy, rule out nerve root impingement, lumbar spine sprain/strain and lumbar spine, grade I spondylolisthesis of lumbar 5 over sacral 1. Prior treatment included epidural injection to his low back, which helped for three days, home exercise program, acupuncture and medications. He presents on 07/02/2015 with low back pain. He describes painful and limited movement of his back with radiating pain to the legs and burning sensation to the thigh. He was working modified duties. He notes the lumbar epidural steroid injection provided some pain relief for 3 days however, he felt the pain was worse than prior to the injection. Physical examination of the lumbar spine demonstrated tenderness to palpation over the midline lumbar 4-sacral 1 bilateral paraspinal. Sensory examination revealed decreased sensation to light touch over the bilateral anterolateral thighs and bilateral calves. The provider documents MRI dated 03-10-2015 showed a 3-4 mm right sided posterior disc bulging at lumbar 5-sacral 1, causing right foraminal narrowing. The treatment plan included continuing medications. The request for Gabapentin 300 mg quantity 60 was authorized. The request for review is Tramadol ER 200 mg quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 82, 84, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the length of prior use of Tramadol is unknown. It is not indicated as 1st line. Failure of Tylenol, Tricyclics or NSAIDs is not mentioned. Escalation of dosage is not known. Tramadol as prescribed is not medically necessary.