

Case Number:	CM15-0145912		
Date Assigned:	08/06/2015	Date of Injury:	04/26/1996
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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/work injury on 4-26-96. She reported an initial complaint of back pain. The injured worker was diagnosed as having lumbosacral pain with prior fusion of L4-5. Treatment to date includes medication, surgery (L4-5 fusion), therapy, and home exercises. Currently, the injured worker complained of chronic low back pain rated 4-5 out of 10. Per the primary physician's report (PR-2) on 6-26-15, exam noted back pain was stable. Current plan of care included home exercises and medication management. The requested treatments include Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 84, 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1996 and continues to be treated for chronic back pain. When seen, she was no longer taking hydrocodone/acetaminophen and was now taking tramadol and Tylenol. If she was having pain at 4-5/10 she would take tramadol and Tylenol and then lie down and stretch. She was doing this up to three times per day. Overall, she was taking tramadol 20 times per month. Physical examination findings included a normal neurological examination. Urine drug screening was performed and tramadol was refilled. 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. Therefore, the request is not medically necessary.