

Case Number:	CM15-0148663		
Date Assigned:	08/11/2015	Date of Injury:	03/08/2013
Decision Date:	09/09/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/31/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 39-year-old male, who sustained an industrial injury on 3-8-13. He reported pain in his lower back after he slipped and fell down a small ladder. The injured worker was diagnosed as having lumbar disc disorder, lumbar facet syndrome, lumbar radiculopathy and lumbar degenerative disc disease. Treatment to date has included physical therapy, a lumbar epidural injection, Ibuprofen and Tramadol since at least 4-23-15. On 5-19-15, the injured worker rated his pain an 8 out of 10 with medications, which allowed for improved function and mood. As of the PR2 dated 6-30-15, the injured worker reports pain in his lower back. He indicated that the pain level has not changed since his last visit. Objective findings include lumbar flexion 45 degrees, extension 10 degrees and lateral rotation 30 degrees bilaterally. There is also tenderness noted in the paravertebral muscles and a positive straight leg raise test bilaterally in sitting at 45 degrees. The treating physician requested Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg Sig: 1 tid #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol HCl 50 mg one PO tid, #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are disc disorder lumbar; lumbar facet syndrome; lumbar radiculopathy; lumbar spondylosis; spinal/lumbar DDD; and low back pain. Date of injury is more a 2013. The request for authorization is July 1, 2015. According to the utilization review, the injured worker sustained an exacerbation of low back pain. On April 23, 2015, Tramadol 50 mg started. Subjectively, according to the June 30, 2015 progress note, the injured worker complained of low back pain that was unchanged. The documentation shows one prescription for tramadol 50 mg tid, #90 and a second prescription for tramadol 50 mg bid, #60. There is no clinical indication or rationale for two ongoing, concurrent prescriptions for tramadol with different directions. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Tramadol HCl 50 mg one PO tid, #90 is not medically necessary.