

Case Number:	CM15-0149035		
Date Assigned:	08/12/2015	Date of Injury:	09/18/2011
Decision Date:	09/22/2015	UR Denial Date:	07/30/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female who sustained an industrial injury on 9-18-11. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and diabetes mellitus. Currently, the injured worker reported low back pain with occasional radiation to the right hip and lateral leg. Previous treatments included lumbar epidural steroid injection, Antidepressant, Serotonin-norepinephrine reuptake inhibitor, oral pain medication and proton pump inhibitor. Previous diagnostic studies included an electromyography. Work status was noted as permanent and stationary. The injured workers pain level was noted as 5 out of 10, at its best a 2 out of 10, at its worst a 7 out of 10. Physical examination was notable for decreased lumbar range of motion, tenderness to palpation to the bilateral lumbar paraspinal muscles with spasms, sciatic notch tenderness, and mild positive straight leg raise test on the right. The plan of care was for retrospective date of service 7-20-15 Tramadol 50 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 7.20.15 Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-83.93-64,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2714818/>.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker is also prescribed antidepressant medications. Recent studies have discovered that Tramadol and antidepressants together are high risk. Tramadol (Ultram) is a commonly prescribed analgesic because of its relatively lower risk of addiction and better safety profile in comparison with other opiates. However, two significant adverse reactions are known to potentially occur with tramadol: seizures and serotonin syndrome. These two adverse reactions may develop during tramadol mono-therapy, but appear much more likely to emerge during misuse/overdose as well as with the co-administration of other drugs, particularly antidepressants. The injured worker had epidural steroid injections (ESI) 3 months ago that provided significant relief along with increase in function and states that symptoms have improved since the injections. The injured worker states improvement with ESI and she is also prescribed antidepressants. The addition of Tramadol would increase her risk for serotonin syndrome, therefore, the request for Retro DOS: 7.20.15 Tramadol 50mg #60 is determined to not be medically necessary.