

Case Number:	CM15-0160083		
Date Assigned:	09/21/2015	Date of Injury:	10/23/2012
Decision Date:	10/23/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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 27 year old male, who sustained an industrial-work injury on 10-23-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), lumbosacral or thoracic neuritis or radiculitis and myofascial pain. Medical records dated (1-15-15 to 7-2-15) indicate that the injured worker complains of low back pain that radiates to the lower extremities with numbness and tingling. He states that he takes medications only as needed. The medical records indicate that the medications help with pain about 20-30 percent and he is able to maintain his activities of daily living (ADL). The pain is rated 7-8 out of 10 on pain scale. This has remained unchanged from previous visits. Per the treating physician report dated 7-2-15 the injured worker could return to modified work with restrictions. The physical exam dated (6-17-15 to 7-2-15) reveals decreased lumbar range of motion with extension 15 degrees, flexion is about 35 degrees, and lateral bending is 10 degrees bilaterally. There is also tenderness to palpation in the lumbar paraspinal muscles. Treatment to date has included pain medication including Naproxen, Omeprazole, and Tramadol since at least 2014, heating pad, transcutaneous electrical nerve stimulation (TENS), and home exercise program (HEP). The treating physician indicates in the medical records dated 1-15-15, 3-13-15, 4-10-15, 5-20-15 and 6-17-15, that "the urine drug tests showed no aberrant behavior." The request for authorization date was 7-2-14 and requested service included Tramadol APAP 37.5 325mg #60. The original Utilization review dated 7-27-15 non-certified as there is no recent urine drug screen report to confirm compliance and as efficacy is not established the requested medication is not consistent with the guidelines. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS Guidelines support the careful use of opioids if there is meaningful pain relief, support of functioning and a lack of drug related aberrant behaviors. This individual meets these criteria. Up to 30% pain relief is documented with as needed use. The as-needed use appears to be much below the maximum recommended dosing and functional improvements are adequately documented for this use pattern. There are no aberrant drug related behaviors and the frequency of drug testing and review of CUREs is consistent with Guideline recommendations. Under these circumstances, the Tramadol/APAP 37.5/325mg #60 is supported by Guidelines and is medically necessary.