

Case Number:	CM15-0166439		
Date Assigned:	09/03/2015	Date of Injury:	04/09/2013
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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, North Carolina
 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 24 year old male who sustained an industrial injury on 4-9-2013. He has reported low back pain, right shoulder pain, bilateral wrist pain, and left foot pain and has been diagnosed with low back pain with radiating symptoms to the left lower extremities, lumbar spine disc herniation at the level of L5-S1 with left sided radicular symptoms, lumbar spine spondylosis, left sacroiliac joint arthropathy, and bilateral carpal tunnel syndrome, bilateral trigger thumb, and bilateral foot pain. Treatment has included injections, medications, surgery, and splinting. There was tenderness noted in the lumbar paraspinal region bilaterally. Straight leg raise was positive on the left side at 50 degrees. Patrick test was positive on the left side and facet loading test was positive. Range of motion to the lumbar spine was decreased with spasm. The treatment plan included surgery and medications. The treatment request included tramadol 50 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, three times a day as needed, #90: Upheld

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, Opioids, specific drug list.

Decision rationale: CA MTUS Guidelines supports the use of ongoing opioids if the prescriptions are from a single provider, are prescribed at the lowest possible dose and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, the request is for Tramadol, a synthetic opioid that acts on the central nervous system for patients in moderate to severe pain. In this case the Tramadol is prescribed for breakthrough pain, however there is no documentation of pain scores with and without medication. Therefore the efficacy of Tramadol cannot be established and the request is not medically necessary or appropriate.