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| Case Number: | CM15-0180556 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 05/02/2013 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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: Emergency 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 female, who sustained an industrial injury on 5-02-2013. The injured worker was diagnosed as having 2mm protrusion at L4-5 and 4mm L5-S1, with neural encroachment and radiculopathy, and facet arthropathy L4-S1. Treatment to date has included diagnostics, chiropractic, transcutaneous electrical nerve stimulation unit, and medications. On 7-15-2015, the injured worker complained of low back pain with left lower extremity symptoms, rated 6 out of 10. Medication use included Tramadol ER 100mg twice daily and Naproxen. Exam noted tenderness of the lumbar spine, lumbar flexion 50 degrees, extension 40 degrees, left and right lateral tilt 50 degrees, and bilateral rotation 50 degrees. Straight leg raise was positive on the left. Diminished sensation was noted in the left L5 and S1 dermatomal distributions. Muscle strength was noted at 4+ of 5 in the left extensor hallucis longus and eversion. Per the progress report (5-15-2015) failed medications included Tylenol and Aleve. Urine toxicology was initiated. She was prescribed Tramadol ER 100mg and Naproxen 550mg #60. On 8-05-2015, she continued to complain of low back pain with left lower extremity symptoms, rated 6 out of 10. Medications included Tramadol ER and Naproxen and she denied side effects. Exam was unchanged from previous. Urine toxicology was initiated. The results of screening were not noted. Work status remained temporary partial disability. The treatment plan included continued Tramadol ER 100mg #60, non-certified by Utilization Review on 9-02-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100 mg, sixty count: 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 for chronic pain, Opioids, specific drug list.

Decision rationale: The requested Tramadol ER 100 mg, sixty count is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with left lower extremity symptoms, rated 6 out of 10. Medications included Tramadol ER and Naproxen and she denied side effects. Exam was unchanged from previous. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Tramadol ER 100 mg, sixty count is not medically necessary.