

Case Number:	CM15-0187339		
Date Assigned:	09/29/2015	Date of Injury:	06/07/2001
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/23/2015

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: Arizona, California
 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 38 year old male who sustained an industrial injury on 6-7-01. Diagnoses are noted to be L4-L5 disc bulge with annular tear, bruxism, myofascial pain, urinary dysfunction, major depressive disorder, and anxiety. Previous treatment includes medication, acupuncture, epidural steroid injections, and chiropractics. In a comprehensive orthopedic evaluation and request for authorization, the physician notes he has complaints of pain in the lumbar spine and pelvis rated at 8 out of 10, which is noted to represent an exacerbation of his symptoms. Pain is described as constant and radiating down both legs to the feet with numbness and tingling. Objective exam reveals lumbar spine flexion is 35 degrees, extension is 10 degrees and right and left lateral flexion is 15 degrees, positive paraspinal tenderness to percussion and a negative toe but positive heel walk. Work status is temporary total disability. A prescription dated 8-19-15 is for Tramadol, Omeprazole and Naproxen. On 9-4-15, the requested treatment of Tramadol 50mg #60 with 2 refills was modified to 1 prescription of Tramadol 50mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60 with 2 refills: 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 for neuropathic pain.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had steady pain for several months while on Tramadol. The claimant was previously on Vicodin for several years as well. There was no mention of pain score reduction with use of medications. In addition, no one opioid is superior to another. Continued use of Tramadol is not medically necessary.