

Case Number:	CM15-0187388		
Date Assigned:	09/29/2015	Date of Injury:	10/07/2003
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
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:

This is a 51 year old male with a date of injury on 10-7-2003. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculitis, opioid dependence and lumbar disc displacement without myelopathy. Medical records (3-17-2015 to 8-4-2015) indicate ongoing low back pain. According to the progress report dated 5-13-2015, the injured worker complained of low back pain radiating to the right leg. He rated his pain as 2 at best and 8 at worst. He reported that his symptoms were unchanged since the injury. Per the treating physician (5-13-2015), the injured worker was working full time. The physical exam (5-13-2015) revealed tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. Straight leg raise was positive on the right. Treatment has included medications. The injured worker was prescribed Tramadol per the 5-13-2015 progress report. Per the progress report dated 7-7-2015, the Tramadol was discontinued because of side effects with heart palpitation. Current medications (8-4-2015) included Omeprazole, Hydrocodone and Diclofenac XR. The request for authorization dated 8-4-2015 included retrospective Tramadol ER. The original Utilization Review (UR) (8-25-2015) denied a request for retrospective Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 150mg, #30 DOS: 7/7/15: 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 been on Tramadol for several months. No one opioid is superior to another. In addition, the claimant had heart palpitations with the use of Tramadol. Pain scores remained high. The continued use of Tramadol is not medically necessary.