MAXIMUS Federal Services

Case Number:	CM15-0191674		
Date Assigned:	10/05/2015	Date of Injury:	01/21/2014
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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 47 year old male, who sustained an industrial-work injury on 1-21-14. He reported initial complaints of low back pain radiating to the right lower leg. The injured worker was diagnosed as having lumbar radiculitis. Treatment to date has included medication, ESI (epidural steroid injection), surgery (hemi laminectomy with partial facetectomy and foraminotomy on 5-4-15), home exercise program (HEP), activity modification, injections, and diagnostics. MRI results were reported on 10-11-14 of the lumbar spine reports a 3-4 mm disc protrusion and facet arthropathy which results in impingement of the right transiting L5 nerve, moderate to severe bilateral foraminal narrowing, disc disease results in mild bilateral neural foraminal narrowing at L3-4 and L4-5. X-rays were reported on 1-21-14 to demonstrate mild degenerative disc disease changes at L5-S1 and L4-5. Currently, the injured worker complains of low back pain rated 5 out of 10. Lower extremity symptoms continue to improve. There was also left knee pain. Tramadol (Ultram) has been used since at least 12-17-14. Per the primary physician's progress report (PR-2) on 8-21-15, exam noted no signs of infection with healed incision, limited range of motion to lumbar spine, and trigger points to the lumbospinal region. Current plan of care includes request shockwave therapy, continue physical therapy, continue medications (Tramadol, Cyclobenzaprine), continue transcutaneous electrical nerve stimulation (TENS) unit. The Request for Authorization requested service to include Retrospective request for Tramadol 50mg QTY: 60.00 (DOS 7/31/2015). The Utilization Review on 9-22-15 modified the request for Retrospective request for Tramadol 50mg QTY: 45.00 (DOS 7/31/2015), per CA

MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol 50mg QTY: 60.00 (DOS 7/31/2015): 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 neuropathic pain, Opioids for chronic 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. In this case, the claimant was on Tramadol along with NSAIDS for over 6 months. Long-term use is not indicated. There was no mention of Tylenol failure or weaning attempt. Pain reduction attributed to Tylenol is unknown. Continued and chronic use of Tramadol is not medically necessary.