

Case Number:	CM15-0195551		
Date Assigned:	10/09/2015	Date of Injury:	04/11/2013
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 67 year old male with a date of injury of April 11, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic strain, thoracic spondylosis, and lumbar strain. A progress note dated July 29, 2015 documented complaints of constant mid back pain. Per the treating physician (July 29, 2015), the employee had work restrictions that included no lifting of greater than 20 pounds, and no standing for longer than two hours without a ten minute break. The physical exam dated June 3, 2015 reveals normal lumbar lordosis and thoracic kyphosis, normal gait, limited and painful thoracic range of motion, and intact motor and sensory function of the upper and lower extremities. The progress note dated July 29, 2015 documented a physical examination that showed no changes since the examination on June 3, 2015. Treatment has included six sessions of physical therapy with some benefit and medications (Ibuprofen 800mg three times a day and Ultracet one to two every six hours as needed since at least April of 2015). The urine drug screen dated April 15, 2015 showed negative results for all tested medications. The original utilization review (September 17, 2015) non-certified a request for Tramadol-Acetaminophen 37.5-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol/APAP to justify use. The request for tramadol is not medically necessary or substantiated.