

Case Number:	CM15-0197621		
Date Assigned:	10/13/2015	Date of Injury:	09/02/2003
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/07/2015

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 51 year old male injured worker suffered an industrial injury on 9-2-2003. The diagnoses included psychogenic pain, depression, cervicobrachial syndrome, lumbosacral disc degeneration, lumbar post-laminectomy syndrome, and sciatica. On 8-31-2015, the treating provider reported he had rapidly tapered off Methadone as he had not had any Methadone for about 10 days as it was denied. He reported he had difficulty standing and walking, nausea, vomiting and severe cramping. He noted he would like to try a different medication however he was uncertain which medication to trial as he had been on Tramadol in the past which was effective. On exam, he was using a cane for mobility along with lumbar spine spasms and guarding. Tramadol was initiated at this visit. The medical record did not include pain levels. Prior treatment included medication and lumbar disc replacement 12-2007. Diagnostics included urine drug screen 8-31-2015 was consistent. The Utilization Review on 9-11-2015 determined non-certification for Tramadol HCL 50 mg #90

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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: 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 has been on Methadone as well as other opioids for over a year. Recent pain scores were not documented. No one opioid is superior to another. Long-term use risks side effects. The claimant was on muscle relaxants, anti-epileptics, NSAIDS and Methadone. The addition of Tramadol is not medically necessary.