

Case Number:	CM15-0198972		
Date Assigned:	10/14/2015	Date of Injury:	04/18/2013
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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 Jersey

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 33 year old female, who sustained an industrial injury on 4-18-2013. The injured worker is undergoing treatment for lumbosacral herniated nucleus pulposus (HNP), probable radiculopathy, cervicothoracic strain, left shoulder probable multidirectional instability and gastrointestinal (GI) complaints. Medical records dated 9-15-2015 indicate the injured worker complains of increased back pain radiating down the legs. She reports she does not wish to have further injections. The treating physician indicates she also has neck, left shoulder and foot-ankle pain to a lesser degree than the back and leg pain. Physical exam dated 9-15-2015 notes lumbar tenderness to palpation, painful decreased range of motion (ROM), spasms and positive bilateral straight leg raise. Treatment to date has included injections, physical therapy, Celebrex, omeprazole, psychiatric care, anti-inflammatory creams, home exercise program (HEP), Zanaflex, hydrocodone, Tramadol and activity alterations. The original utilization review dated 9-25-2015 indicates the request for Tramadol 37.5-325mg #60 with 1 refill is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg, #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of the worker using Tramadol/APAP alternating with other opioids for her chronic pain. However, it was not specified in the notes provided how often this was, nor was there a sufficient report on functional gains and pain level reduction associated with the Tramadol/APAP use to justify this request for continuation. Therefore, without evidence of measurable benefit, the Tramadol will not be considered medically necessary at this time.