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| Case Number: | CM15-0199355 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 05/31/1991 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/28/2015 |
| 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: California

Certification(s)/Specialty: Emergency 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:

The injured worker was a 59 year old male, who sustained an industrial injury, May 31, 1991. The injured worker was undergoing treatment for chronic low back pain, displacement of lumbar intervertebral disc without myelopathy, lumbar disc prolapse with radiculopathy, compression fracture. According to progress note of September 14, 2015, the injured worker's chief complaint was low back pain. The injured worker was taking Naproxen and Tramadol together keeping the pain fairly well controlled. The injured worker rated the pain 3-4 out of 10 in the lower back. The physical exam noted the back was stable. The injured worker previously received the following treatments Tramadol 50mg on February 26, 2015 and Naproxen February 26, 2015. The RFA (request for authorization) dated September 26, 2015; the following treatments were requested a prescription for Tramadol 50mg #60 with 2 refills. The UR (utilization review board) denied certification on September 28, 2015, for a prescription for Tramadol 50mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60, 2 refills: 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 for chronic pain, Opioids, specific drug list.

Decision rationale: The requested Tramadol 50mg #60, 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, and Tramadol, page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker rated the pain 3-4 out of 10 in the lower back. The physical exam noted the back was stable. The injured worker previously received the following treatments Tramadol 50mg on February 26, 2015 and Naproxen February 26, 2015. The treating physician has not documented: failed first-line opiate trials, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #60, 2 refills is not medically necessary.