

Case Number:	CM15-0202568		
Date Assigned:	10/19/2015	Date of Injury:	09/18/2006
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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: Preventive Medicine, Occupational 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 is a 67-year-old male with an industrial injury date of 09-18-2006-09-18-2007. Medical record review indicates he is being treated for lumbar disc protrusion, lumbar radiculitis, lumbar sprain-strain, sleep disturbance and anxiety. Subjective complaints (06-16-2015 - most current record available) included "constant moderate, dull, achy" low back pain and stiffness aggravated by lifting 15 pounds, walking and bending. The injured worker indicated the pain was not improving. He also noted loss of sleep due to pain. Work status (06-06-2015) was documented as remain off work until 07-31-2015. In the treatment note dated 03-23-2015, the treating physician documented the use of medication helped to reduce the injured worker's lower back pain to 7 out of 10. Current medications (06-08-2015) included Tramadol (at least since 03-21-2015), Naproxen, Terazosin, Omeprazole, Sertraline and Spiriva. Prior treatments included an epidural injection on 05-18-2015 "states that it helped him significantly", aqua therapy and medications. Objective findings (06-06-2015) noted painful ranges of motion of the lumbar spine with tenderness to palpation of the lumbar paravertebral muscles. Medical record review does not indicate a urine drug screen or signed pain contract. On 09-15-2015 the request for Tramadol HCL 150 mg ER, days' supply 30, Quantity 60, MED 60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150 MG 30 Day Supply Qty 60 Med 60: 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 chronic pain, Weaning of Medications.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Tramadol since at least 03-15 without objective evidence of functional improvement. Additionally, there is opioid contract available for review and no indication of screening for compliance, adverse reactions or aberrant behaviors. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol HCL 150 MG 30 day supply Qty 60 Med 60 is determined to not be medically necessary.