Case Number:	CM15-0203460		
Date Assigned:	10/20/2015	Date of Injury:	06/29/2012
Decision Date:	12/01/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application	10/15/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male, who sustained an industrial injury on 6-29-2012. The injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), ischial tuberosity, lumbar radiculopathy and myofascial pain. Medical records dated 9-30-2015 indicate the injured worker complains of back pain described as constant, burning tingling and radiating to left leg. Pain is rated 7 out of 10. He reports poor sleep. Physical exam dated 9-30-2015 notes lumbar paraspinal tenderness to palpation. Treatment to date has included Tramadol since at least 8-2014, Gabapentin, Lidoderm patch, acupuncture, chiropractic and Transcutaneous Electrical Nerve Stimulation (TENS) unit. The original utilization review dated 10-13-2015 indicates the request for Tramadol 37.5-325mg #60 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.325mg qty 60.00: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in June 2012 when he was involved in a rear end motor vehicle collision. He developed low back pain with nerve pain into the left groin and radiating symptoms into the testicles. He has a history of alcohol use and is being treated for secondary depression. When seen, he was having constant low back pain with radiating symptoms, left lower groin pain, and left leg and knee pain. He was having difficulty sleeping. He wanted to continue working without restrictions. Physical examination findings included lumbar paraspinal muscle tenderness. Reflexes were abnormal. Lidoderm and tramadol/ acetaminophen were continued. A weight loss program was being considered. Tramadol/ acetaminophen is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.