

Case Number:	CM15-0205602		
Date Assigned:	10/22/2015	Date of Injury:	03/11/2011
Decision Date:	12/07/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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 36 year old female with a date of injury on 03-11-2011. The injured worker is undergoing treatment for lumbar sprain and strain, myofascial pain and lumbar radiculopathy. A physician progress note dated 09-23-2015 documents the injured worker has complaints of low back pain, vomiting. She walks with a cane. She has lumbar tenderness and decreased lumbar range of motion. She has anxiety and depression. A physician note dated 07-15-2015 documents she has decreased lumbar flexion and tingling and numbness to both lower extremities. There is tenderness to palpation of the lumbar spine. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included diagnostic studies, medications, physical therapy, a home exercise program, use of a Transcutaneous Electrical Nerve Stimulation unit and heat. Current medications include Tramadol, Omeprazole, Diclofenac Sodium and Gabapentin and Effexor. The Request for Authorization includes Omeprazole 20mg #60, and Tramadol (since at least 04-29-2015). On 10-09-2015, Utilization Review modified the request for Tramadol 50mg #60 with 2 refills to Tramadol 50mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications.

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 April, 2015 without objective evidence of functional improvement. 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 50mg #60 with 2 refills is determined to not be medically necessary.