

Case Number:	CM15-0207374		
Date Assigned:	10/26/2015	Date of Injury:	12/27/2007
Decision Date:	12/07/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California

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:

This is a 57 year old male who sustained an industrial injury on 12-27-2007. A review of the medical records indicates that the injured worker is undergoing treatment for discogenic lumbar condition with three level disc disease and facet inflammation, equinovarus deformity of the right foot and depression. According to the progress report dated 8-14-2015, the injured worker complained of ongoing low back pain and lower extremity pain with numbness and tingling. He was unable to walk for more than 20 to 30 minutes at a time. Objective findings (8-14-2015) revealed tenderness across the lumbar paraspinal muscles, pain along the facets and pain with facet loading. Treatment has included epidural injections, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications (8-14-2015) included Oxycontin, Norco, Voltaren gel, Flexeril and Aciphex. The physician noted (8-14-2015) that medications were decreased. Tramadol was listed in the progress report dated 3-26-2015, but was not listed in the progress report dated 8-14-2015. The treating physician indicated (5-4-2015) that urine drug testing showed evidence of Oxycontin, but not Norco. The original Utilization Review (UR) (9-24-2015) denied a request for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted over time. The claimant had been on Tramadol along with other opioids for several years and long-term use is not recommended. There was no mention of weaning or Tricyclic failure. Continued and chronic use is not medically necessary.