

Case Number:	CM15-0207924		
Date Assigned:	10/26/2015	Date of Injury:	05/02/2013
Decision Date:	12/09/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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 47 year old male who sustained an industrial injury on 5-2-13. A review of the medical records indicates he is undergoing treatment for lumbar disc displacement and lumbosacral neuritis. Medical records (6-24-15, 7-31-15, 8-28-15, and 9-25-15) indicate ongoing complaints of low back pain that radiates to his left leg with associated numbness and weakness. He rates his pain "6-8 out of 10." The 7-31-15 record indicates that physical functioning, family relationships, social relationships, mood, sleep patterns, and overall functioning are "worse." The 8-28-15 records indicates activities of daily living are "better", and the 9-25-15 record indicates they are "worse", with the exception of mood and sleep patterns, which remained the "same." The physical exam (9-25-15) reveals tenderness in the thoracic and lumbar spine. Limited range of motion is noted of the lumbar spine with pain. Diagnostic studies have included x-rays of the lumbar spine, an MRI of the lumbar spine, and an electrodiagnostic study. Treatment has included medications of Tramadol and Prilosec. He has been receiving Tramadol since, at least, 7-31-15. The utilization review (10-1-15) includes a request for authorization of Tramadol 150mg for lumbar pain. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg (unknown amount or frequency): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Tramadol prescribing information.

Decision rationale: The claimant sustained a work injury in May 2003 when, while working as a cook, he was removing 60 pounds of meat from a lower oven and felt a pop in his low back and subsequently developed progressive back pain. An MRI of the lumbar spine showed findings of an L3/4 central disc protrusion. When seen in July 2015 he was having pain increased with movements and radiating to the left leg with occasional numbness. His average pain score was 9/10. Physical examination findings included tenderness with spasms and positive straight leg raising. There was decreased range of motion. There was decreased left lower extremity sensation. He was referred for an epidural injection. Tramadol 150 mg and Prilosec were prescribed. Naprosyn was discontinued. When seen in August 2015 his average pain score was now 8/10. He reported that he was slowly getting better. In September 2015 his condition was the same. Physical examination findings appear unchanged. His average pain score was 6/10. Tramadol 150 mg QHS #30 was continued. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is being prescribed as part of the claimant's ongoing management and medications are providing what is considered a clinically significant decrease in pain. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. However the formulation and dosing are not correct. If this were extended release Tramadol, then it would be medically necessary. Immediate release Tramadol would need to be prescribed in divided doses. Unfortunately, what is being requested is immediate release Tramadol. For this reason, it cannot be accepted as being medically necessary.