

Case Number:	CM15-0208551		
Date Assigned:	10/27/2015	Date of Injury:	03/01/2013
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
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: 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 worker is being treated for low back and leg pain, anxiety, chronic pain, lumbosacral spondylosis, lumbago, joint pelvis pain, right hip. Subjective: February 03, 2014 she reported complaint of low back and leg pain. February 05, 2015 she reported complaint of low back, right hip, right leg, right knee, and calf and foot pain. March 10, 2015 she reported complaint of "a lot of SI joint pain." Objective: February 03, 2015 noted gait is antalgic favoring the right lower extremity. There is pain elicited over the right lumbar paraspinals, right facet joint, right SI joint, and iliotibial band on right; axial rotation positive on right. February 05, 2015 noted examination of spine, ribs, and pelvis: "tender lumbar paraspinal muscles; tenderness over midline and paraspinal areas; right piriformis tender, right SI joint tenderness, right trochanteric bursa tenderness; SLR mildly positive with mildly positive flexion, abduction, and external rotation; lumbar extension and bending markedly painful. March 10, 2015 noted "tender at lumbar spine, facet joint, crepitus, decreased flexion and extension and lateral bending. There is decreased rotation of SI joints and positive Gaenslen's, sacral compression, sacral thrust, and Patrick's tests. Medication: February 03, 2014, June 18, 2014: "not using any medication for pain;" Xanax. June 18, 2014: prescribed Tizanidine. February 05, 2015: "no medications noted." March 10, 2015: prescribed the following Hydrocodone APAP, Ibuprofen. Diagnostic: EMG NCS testing June 03, 2014, MRI bilateral hip August 2014. Treatment: activity modification, physical therapy, psychological care, UDS. On September 22, 2015 a request was made for a prescription of Tramadol 50mg #120 that was noncertified by Utilization Review on September 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50 mg #120: Overturned

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, specific drug list.

Decision rationale: MTUS Guidelines support a rotation or trial of different opioids if a particular one has intolerable side effects or sub-optimum benefits. The Guidelines do not limit the number of attempts to find a suitable one. Tramadol has a unique mechanism of action and a trial is supported by Guidelines. If there are side effects this individual is quick to discontinue its use. If any benefits do not meet Guideline standards, its ongoing use can be re-reviewed. The trial of 1 prescription of Tramadol 50 mg #120 is medically necessary and appropriate.