MAXIMUS Federal Services

Case Number:	CM15-0024322		
Date Assigned:	02/13/2015	Date of Injury:	05/09/1995
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 39 year old female, who sustained an industrial injury on 05/09/1995. The diagnoses have included sprain and strain of the lumbar spine and discogenic low back pain. Noted treatments to date have included back surgeries, physical therapy, Transcutaneous Electrical Nerve Stimulation Unit, and medications. Diagnostics to date have included MRI of the lumbar spine on 02/02/2009 showed status post laminectomy with bilateral posterolateral and anterior interbody fusion with placement of pedicle screws in L4 through S1 and moderate left posterolateral extradural defect at L5-S1 with possible left L1 nerve root compression and edema. In a progress note dated 12/12/2014, the injured worker presented with complaints of pain in the middle to right side of her low back with radiation down the entire right leg to the ankle. The treating physician reported that without her pain medication her pain is 6/10 and with current medication her pain is tolerable at 4/10. Utilization Review determination on 01/23/2015 non-certified the request for Tramadol HCL 50mg, take one tablet every 6 hours, quantity 120 tablets citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (Ultram) 50 mg tablet #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 22, 29, 78, 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123.

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for tramadol HCL (Ultram) 50 mg tablet #120 is not medically necessary.