

Case Number:	CM15-0024474		
Date Assigned:	02/17/2015	Date of Injury:	09/13/2000
Decision Date:	12/08/2015	UR Denial Date:	02/04/2015
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: Indiana, 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 72 year old male, who sustained an industrial injury on 9-13-2000. The injured worker was diagnosed as having myoligamentous strain of the lumbar spine. Treatment to date has included diagnostics and medications. On 1-05-2015, the injured worker complains of low back pain with radiation down both buttocks into both legs, intermittent numbness, tingling and weakness into the legs, pins and needles sensation to both feet, and bilateral intermittent shoulder pain. Exam of the back noted tenderness over the bilateral sacroiliac joints and sciatic notches. Exam of the shoulders noted tenderness and reduced range of motion. Exam of the feet noted 2+ dorsalis pedis pulse on the left and no palpable pulse on the right, bilateral absent posterior tibial pulses, and generalized tenderness of the plantar aspects of both feet. His work status was permanent partial disability and he was not working. Medication use included Lisinopril, Atorvastatin, Aspirin, Pioglitazone, Metformin, Ultracet (dose-frequency not specified), eye drops, and vitamin supplements. He was to continue taking Ultracet (use since at least 11-2014), which he stated gave him "significant symptomatic relief and allows him to continue his activities of daily living". The treatment plan included Tramadol 37.5-325mg #60 (DOS 1-05-2015), non-certified by Utilization Review on 2-04-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 1/05/2015) Tramadol 37.5/325 MG Tabs #60 No Dosage or Frequency Given for Lumbar Spine Pain Outpatient: Upheld

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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Tramadol 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. As such, the request for tramadol #600 is not medically necessary.