

Case Number:	CM15-0025800		
Date Assigned:	02/18/2015	Date of Injury:	03/16/2004
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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 injured worker is a 45 year old male, who sustained an industrial injury on March 16, 2004. He has reported that while lifting he felt a very sharp pain in the lower back. The diagnoses have included status post lumbar spine microdiscectomy L3-L4 on September 13, 2004, spondylolisthesis, and postlaminectomy syndrome. Treatment to date has included chiropractic treatments, lumbar support, lumbar spine surgery, acupuncture, physical therapy, and medications. Currently, the injured worker complains of low back pain that is constant, dull, and radiates. The Primary Treating Physician's report dated December 29, 2014, noted the injured worker had not been taking medications for the previous six months. Physical examination was noted to show lumbar and sacral tenderness bilaterally with spasm, and positive straight leg raises bilaterally. On January 12, 2015, Utilization Review non-certified Tramadol 50mg #60, noting the injured worker had not been taking his medications for the previous six months, having taken Norco previously without documentation of significant subjective or objective improvement. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 11, 2015, the injured worker submitted an application for IMR for review of Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records indicate that the injured worker is chronically injured and had been treated chronically with opioid pain medications. The medical records do not indicate that the injured worker has significant pain reduction, objective functional improvement and/or improvement in quality of life with the chronic use of tramadol. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg #60 is determined to not be medically necessary.