

Case Number:	CM15-0026146		
Date Assigned:	02/18/2015	Date of Injury:	04/12/2010
Decision Date:	04/22/2015	UR Denial Date:	01/26/2015
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: Family Practice

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 55 year old, male patient, who sustained an industrial injury on 04/12/2010. A primary treating office visit dated 12/24/2014 reported subjective complaint of persistent low back and lower extremity pain. He rated his pain a two out of 10 in intensity. He continues having difficulty sleeping. The patient also reported the Tramadol helps when taken in the morning it allows for good function and activity. He has been evaluation by Psychiatrist and given the following diagnoses; pain disorder; major depressive disorder and anxiety disorder. Objective findings showed tenderness with spasms noted to the lumbar paraspinal muscles. Stiffness noted on motion of the spine. A surgical scar found on lumbar spine and decreased mobility secondary to pain. He is diagnosed with chronic low back pain; lumbar radiculopathy; lumbar facet joint arthritis and status post lumbar fusion at L3-4. A request was made for the medication Tramadol 50MG # 30 for the purpose of tapering trial to lower dose. On 01/26/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Opioids, Weaning was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): s 74, 95, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): s 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records there is no documented functional improvement with the use of opioids and thus is not medically necessary.