

Case Number:	CM15-0031336		
Date Assigned:	02/24/2015	Date of Injury:	05/24/2012
Decision Date:	04/03/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 33 year old male, who sustained an industrial injury, May 24, 2012. According to progress note of January 21, 2015, the injured workers chief complaint was low back pain with radiating pain down both legs. The injured worker rated the pain 4-5 out of 10; 0 being no pain and 10 being the worse pain. The aggravating factors were activity, bending, and prolonged sitting, twisting and walking. The injured worker had limitations with activities of daily living, such as self-care and hygiene, ambulation, hand function, sleep and sex. The injured worker reported a 50-80% overall improvement since the L4-L5 lumbar epidural injection on January 6, 2015. The physical exam noted spasms of the paraspinal musculature. There was tenderness on palpation in the paravertebral area of L3-S1 levels. The range of motion to the lumbar spine showed decreased flexion of 60 degrees and extension limited to 10 degrees, due to pain. The straight leg testing was positive on the right lower extremity. The facet signs at L3-S1 levels were positive. There was tenderness noted over the left hip, with decreased strength in the left lower extremity. The injured worker was diagnosed with lumbar facet arthropathy and lumbar radiculopathy. The injured worker previously received the following treatments MRI of the thoracic spine on August 13, 2012, MRI of the lumbar spine on August 13, 2012, EMG/NCS (electromyography and nerve conduction studies) of the lower extremities on August 13, 2012, toxicology laboratory studies, L4-L5 lumbar epidural injection on January 6, 2015, cane for ambulation, On January 9, 2015, the primary treating physician requested authorization for prescription for Tramadol 50mg #60. On February 6, 2015, the Utilization Review denied

authorization for prescription for Tramadol 50mg #60. The denial was based on the MTUS/ACOEM and ODG guidelines.

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 Tramadol Page(s): 83.

Decision rationale: Tramadol 50 mg # 60 is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore the requested medication is not medically necessary.