MAXIMUS Federal Services

Case Number:	CM15-0031889		
Date Assigned:	02/25/2015	Date of Injury:	03/17/2008
Decision Date:	07/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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(n) 45 year old male, who sustained an industrial injury on 3/17/08. He reported pain in his lower back. The injured worker was diagnosed as having lumbar degenerative disc disease, L4-L5 and L5-S1 disc bulges, L5-S1 annular tear and lumbar radiculopathy. Treatment to date has included a transforaminal epidural steroid injection on the right at L5-S1 on 7/31/14. Current medications include Tramadol (since at least 8/14/14), Cyclobenzaprine and Dexilant. As of the PR2 dated 12/28/14, the injured worker reports 5-6/10 pain in the lumbar spine. He is two months status post a lumbar epidural steroid injection. Objective findings include lumbar flexion is 30/90 degrees, extension is 10/25 degrees and lateral is 15/25 degrees bilaterally. The treating physician requested to continue Tramadol 50mg #120 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg 1 QID PRN #120 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78-80.

Decision rationale: Tramadol 50 mg 1 QID PRN #120 Refills: 2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear evidence of significant functional improvement on opioids therefore the request for Tramadol is not medically necessary.