

Case Number:	CM15-0032127		
Date Assigned:	02/25/2015	Date of Injury:	10/19/2010
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
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: Arizona, 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 58 year old male, who sustained an industrial injury on 10/19/10. He has reported neck and lower back injury. The diagnoses have included thoracic/lumbosacral neuritis, lumbar spinal stenosis and degenerative lumbar intervertebral disc. Treatment to date has included physical therapy, oral medications and walker for assist with ambulation. Currently, the injured worker complains of occasional lumbar pain but post-op pain has improved and ambulation is improved. Progress note dated 1/7/15 noted 12 sessions were completed and were very helpful at that time. On exam tenderness is noted over the left trapezius area. On 2/2/15 Utilization Review non-certified Tramadol 200mg, 1 daily, #30 noting the lack of functional improvement with continued use of Tramadol. The MTUS, ACOEM Guidelines was cited. On 2/19/15, the injured worker submitted an application for IMR for review of Tramadol 200mg, 1 daily, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 200mg, 1 tablet by mouth daily, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids- Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Norco, Tramadol and Naproxen since 7/2014 on 11/19/14 his pain level was 5/10. The claimant's pain level with medication and exam findings were similar in January 2015. No one opioids is superior to another. There is no indication for multiple opioids (norco and Tramadol) for long-term use along with an NSAID. Pain improvement to Tramadol cannot be determined. Response to weaning medication trial was not performed. The continued and long-term use of Tramadol as above is not medically necessary.