

Case Number:	CM15-0032574		
Date Assigned:	02/26/2015	Date of Injury:	01/25/2013
Decision Date:	04/15/2015	UR Denial Date:	01/21/2015
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: California, District of Columbia, Maryland
 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 is a 46 year old female, who sustained an industrial injury on 1/25/2013. The diagnoses have included chronic right lumbar radiculopathy secondary to right L5-S1 herniated disc with nerve compression. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) and medication. According to the physician follow-up/request for treatment authorization dated 12/24/2014, the injured worker was having increasing right lumbar radicular pain that was progressively getting worse. It was noted that her most recent magnetic resonance imaging (MRI) scan of her lumbar spine dated 11/24/2014 showed at the L5-S1 level a 3-4mm broad based central disc protrusion contacting the descending bilateral S1 nerve roots. She was unable to walk for more than ten to fifteen minutes. Physical exam revealed diffuse tenderness in the lumbar area and positive straight leg raising on the right. There was hypesthesia in the L5 and S1 distribution of the right leg and an absent ankle jerk on the right. The injured worker wanted to proceed with microlaminectomy and discectomy. The following medications were provided to the injured worker: Tramadol 150mg, Anaprox 550mg, Fexmid 7.5mg and Protonix 20mg. The request for authorization dated 1/14/2015 was for microlaminectomy and discectomy, medication dispensed on 12/24/2014, anesthesia, preoperative labs, electrocardiogram, history and physical and postoperative physical therapy. On 1/21/2015, Utilization Review (UR) non-certified a request for postoperative medications: Tramadol 50mg #60 and Tramadol HCL ER 150mg #30. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Tramadol 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

Decision rationale: The attached medical record indicates that the injured employee is scheduled for a lumbar spine surgery and has a prior approval for the usage of Norco in the postoperative setting. Without a justification supplied for concurrent usage of tramadol, this request for tramadol is not medically necessary.

Post operative Tramadol HCL ER150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

Decision rationale: The attached medical record indicates that the injured employee is scheduled for a lumbar spine surgery and has a prior approval for the usage of Norco in the postoperative setting. Without a justification supplied for concurrent usage of tramadol ER, this request for tramadol ER is not medically necessary.