

Case Number:	CM15-0032905		
Date Assigned:	02/26/2015	Date of Injury:	03/05/2014
Decision Date:	04/13/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 57-year-old male, with a reported date of injury of 03/05/2014. The diagnoses include lumbosacral radiculitis and lumbar strain. Treatments included an MRI of the lumbar spine on 07/24/2014, oral medications, and heat. The initial evaluation report dated 12/17/2014 indicates that the injured worker complained of pain in the neck, left shoulder, left elbow, left wrist, and left hand with radiation to the left arm. He also complained of pain in the low back with radiation to both legs. The injured worker rated his pain 5 out of 10 at its best and 10 out of 10 at its worst. He stated that his symptoms had worsened since the injury. The physical examination showed an antalgic gait pattern, forward flexion of the lumbar spine at 30 degrees, extension of the lumbar spine at 10 degrees, rotation and side bending was limited, normal alignment with mild loss of lumbar lordosis, tenderness to palpation over the bilateral lumbar paraspinal muscles, positive bilateral lumbar facet loading maneuver, positive straight leg raise test on the left in the seated position to 50 degrees, tenderness to palpation over the left greater trochanter, and diminished sensation in the left L5 and S1 dermatomes of the lower extremities. The treating physician prescribed Tramadol ER 150mg as a long-acting pain medication. On 02/14/2015, Utilization Review (UR) denied the request for Tramadol extended-release (ER) 150mg #30, noting there was no documentation of monitored pain relief, side effects, physical and psychosocial functioning, and the occurrence of any abnormal or non-adherent behaviors. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Tramadol CRITERIA FOR USE OF OPIOIDS Page(s): 113, 76-78.

Decision rationale: Based on the 12/03/14 progress report provided by treating physician, the patient presents with back pain. The request is for TRAMADOL ER 150MG #30. Patient's diagnosis per Request for Authorization form dated 02/10/15 includes lumbar radiculopathy. Naproxen was included in patient's medications per treater reports dated 08/27/14 and 10/22/14. Cyclobenzaprine was prescribed in treater report dated 12/03/14. Per progress report dated 12/03/14, the patient is not working "as there is no light duty available." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. There is no mention of Tramadol in medical records provided, prior to the request in RFA dated 02/10/15. UR letter dated 01/26/15 states: "a therapeutic trial of opioids should not be employed until the patient failed a trial of non-opioid analgesics." Treating physician is requesting Tramadol as a second-line analgesic, since patient's medications included Naproxen and Cyclobenzaprine. The request for Tramadol appears reasonable. However, if an opiate is to be used, MTUS also requires starting with a small dose and increasing depending on the patient's response. In this case, the prescription is for 150mg of Tramadol, which is a quite high dose. Therefore, the request IS NOT medically necessary.