

Case Number:	CM15-0035047		
Date Assigned:	03/03/2015	Date of Injury:	08/20/1996
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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 male who sustained an industrial injury on August 20, 1996. He has reported back pain. The diagnoses have included lumbar spine spondylolisthesis, back sprain and spasm, and degenerative disc disease. Treatment to date has included medications. A progress note dated January 6, 2015 indicates a chief complaint of continued back pain and spasms. Physical examination showed negative straight leg raises. The treating physician requested a prescription for Tramadol 50 mg x 90. On January 28, 2015 Utilization Review partially certified the request for a prescription for Tramadol with an adjustment to a quantity of 30 citing the California Medical Treatment Utilization Schedule. On February 24, 2015, the injured worker submitted an application for IMR of a request for a prescription for Tramadol 50 mg x 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Although it may be a good choice in those with back pain, the claimant's pain persisted over time while on the medication. The claimant had been on the medication for over 3 years in combination with NSAIDs. There were no pain scores documented. The continued use of Tramadol as above is not medically necessary.