

Case Number:	CM15-0037081		
Date Assigned:	03/05/2015	Date of Injury:	06/10/2011
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on 6/10/2011. The diagnoses have included disc protrusion 4mm at L4-5 and 3mm at L5-S1 with radiculopathy. Treatment to date has included medications and work modification. Currently, the IW complains of low back pain that radiates to bilateral lower extremities. Pain is rated as 7/10. Objective findings included lumbar tenderness and spasm with decreased range of motion. Straight leg raise test is positive bilaterally. Physical therapy has been requested. Meaningful pain relief and functional improvements are documented. On 2/12/2015, Utilization Review modified a request for Tramadol ER 150mg #60 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The request was modified to allow for weaning. The MTUS was cited. On 2/27/2015, the injured worker submitted an application for IMR for review of Tramadol ER 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 & 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Pain, Opioids, Tramadol.

Decision rationale: MTUS Guidelines support the judicious use of opioids if there is meaningful pain relief, functional support and lack of drug related aberrant behaviors. This individual meets these Guideline standards. In addition, current Guidelines support the use of Tramadol as a first line opioid class pain medication. Under these circumstances, the Tramadol ER 150mg. #60 is supported by Guidelines. It is medically necessary.