

Case Number:	CM15-0037465		
Date Assigned:	03/05/2015	Date of Injury:	08/01/2008
Decision Date:	04/17/2015	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: Pennsylvania, Ohio, 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 71-year-old female, who sustained an industrial injury on August 1, 2008. The diagnoses have included spinal stenosis lumbar region, sciatica, lumbar spondylolisthesis and lumbar status post fusion. Treatment to date has included computed tomography scan, Magnetic resonance imaging of neck and back, massage therapy, ice packs, heat, home exercise program, prescription medication and physical therapy, steroid injections to transforaminal bilateral L5-S1. Currently, the injured worker complains of low back pain. In a progress note dated November 13, 2014, the treating provider reports examination of the lumbar spine was normal exam the sacral spine revealed tenderness off midline only on the left mild and intermittent decreased perineal sensation also slight hypoesthesia in the gluteal fold on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg Qty: 270: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Osteoarthritis Page(s): 83, 78.

Decision rationale: This patient has ongoing pain status post lumbar fusion; some degree of ongoing pharmacological management is anticipated in such a situation. A prior physician review states that the 4A's of opioid management have not been met and that first-line alternative opioids have not been previously tried. However, the records do document the 4A's of opioid management including the ability to avoid stronger opioids when using Tramadol. MTUS page 83 recommends Tramadol as a weak opioid recommended at initiation of opioid treatment. Thus, use of Tramadol as a first-line opioid is recommended by the treatment guidelines. This request is medically necessary.