

Case Number:	CM15-0040058		
Date Assigned:	03/10/2015	Date of Injury:	06/29/2013
Decision Date:	04/14/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old female who sustained an industrial injury on 06/29/2013. On provider visit dated 01/28/2015 the injured worker has reported lumbar spine pain. On examination of lumbar spine she was noted to have a decreased range of motion with palpable muscular hypertonicity and tenderness. Straight leg raise was noted positive bilaterally. The diagnoses have included lumbosacral pain/strain, muscle spasms, multilevel disc desiccation and protrusion for L2- S1. Treatment to date has included MRI, medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, 1 every 6-8 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg one tablet every 6 to 8 hours #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain; muscle spasms; phobia disorder; and multilevel disc desiccation and protrusions L2 - S1. The documentation indicates Tramadol was started April 29, 2014. The VAS subjective pain scale was 5/10 without medications for low back pain. Follow progress note from January 28, 2015 contains a subjective VAS pain scale of 7/10 - 8/10 without medications. With Tramadol, the VAS pain scale is 3/10. There is no documentation of objective functional improvement, detailed pain assessments or risk assessments in the medical record as a result of ongoing, long-term Tramadol. Consequently, absent clinical documentation with objective functional improvement, detailed pain assessments and risk assessments, Tramadol 50 mg one tablet every 6 to 8 hours #90 is not medically necessary.