

Case Number:	CM15-0048559		
Date Assigned:	03/20/2015	Date of Injury:	06/29/2006
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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 49-year-old female, who sustained an industrial injury on 06/29/2006. The injured worker was diagnosed as having lumbago, lumbar radiculopathy, failed back surgery syndrome, chronic pain syndrome, knee pain, insomnia, anxiety, depression and headaches. Treatment to date has included medications, MRI, back surgery and L5-S1 selective caudal catheterization in lumbar epidural space with myelogram and infusion of anesthetic and corticosteroid. Currently, the injured worker complains of pain in her low back and knees. Pain was rated 8 on a scale of 1-10 and remained the same. She reported that the medications were not helping much and that she did not receive her last prescription. Treatment plan included Elavil, Gabapentin, Zanaflex, Tramadol and Norco, urinalysis and psych evaluation for spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 63-64,78,17-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain since 06/29/2006. The patient has chronic low back pain and suffers from failed back surgery. The patient takes two opioids for pain: hydrocodone (in the Norco) and tramadol, a synthetic opioid drug. Despite these two analgesics and other medications, the control of pain is not good, 8 out of 10 level of pain. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with tramadol is not medically indicated or necessary.