

Case Number:	CM15-0050927		
Date Assigned:	03/24/2015	Date of Injury:	12/30/2011
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male who sustained an industrial injury on 12/30/11. Initial complaints and diagnose are not available. Treatments to date include back surgery, knee replacement, and medications. Diagnostic studies are not discussed. Current complaints include back pain. In a progress note dated 02/09/15 the treating provider reports the plan of care as medications to include Lidocream, fluocinonide cream, omeprazole, ibuprofen, Vitamin D, baclofen/diclofenac/flurbiprofen/gabapentin cream, duloxetine, gabapentin, tramadol, and bupropion. The requested treatment is tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Tramadol HCL 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic low back pain. Tramadol is being taken at night and the requesting provider documents ongoing poor sleep and the claimant reports feeling hung over the next day. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction there is poor pain control and the claimant is experiencing ongoing side effects. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of tramadol is not medically necessary.