

Case Number:	CM15-0051830		
Date Assigned:	03/25/2015	Date of Injury:	07/30/2014
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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: Florida

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 58 year old female, who sustained an industrial injury on 07/30/2014. She has reported injury to the shoulders, neck, right hip, and low back. The diagnoses have included cervical strain; stress fracture, right hip; lumbar strain; and disc herniation, L3-4, L4-5, and L5-S1. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Tramadol, Naproxen, Cyclobenzaprine, and Pantoprazole. A progress note from the treating physician, dated 03/04/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of low back pain radiating into the right hip and groin and then into the right lower extremity; lumbar spine spasms; pain is rated at 9/10 on the visual analog scale without medications, and 5/10 with medications; and Tramadol helps keep her pain tolerable. Objective findings included tenderness to the lumbar spine with spasms and decreased range of motion; right hip pain with range of motion; and slightly antalgic gait. The treatment plan has included prescription medications. Request is being made for Tramadol HCL ER 150mg/cap #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg/cap #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement with chronic narcotic pain medications. Likewise, this request for Tramadol is not considered medically necessary.