

Case Number:	CM15-0054489		
Date Assigned:	03/27/2015	Date of Injury:	11/09/2012
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, 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 65 year old male, who sustained an industrial injury on November 9, 2012. He has reported lower back pain and right leg pain. Diagnoses have included lower back pain, right leg radicular pain, and lumbar spine degenerative disc disease. Treatment to date has included medications, chiropractic care, work restrictions, psychiatry, massage therapy, physical therapy, transcutaneous electrical nerve stimulation unit, transforaminal epidural steroid injection, imaging studies, and diagnostic testing. A progress note dated February 20, 2015 indicates a chief complaint of lower back pain and right leg pain. The treating physician documented a plan of care that included medications. The claimant had been on Motrin and Tramadol since atleast 5/2014. Recent progress indicated the Motrin benefited more and without Tramadol the pain was 5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (amount unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol
Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain responded to Motrin. The request did not specify an amount or dose to continue. The request was not substantiated and the pain increased despite prior use of Tramadol. Continued use of Ultram (Tramadol) is not medically necessary.