

Case Number:	CM15-0054835		
Date Assigned:	03/30/2015	Date of Injury:	06/28/2013
Decision Date:	05/08/2015	UR Denial Date:	03/15/2015
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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male who sustained a work related injury June 28, 2013, to his lumbar spine. According to a primary treating physician's orthopedic evaluation dated March 2, 2015, the injured worker presented for follow-up with complaints of low back pain, 7/10, without medication and 4-5/10 with medication. He continues to use a lumbar back brace, which he stated improves his stability with activities of daily living and tramadol and ibuprofen. Physician noted abnormal electrodiagnostic studies. Diagnoses included posterior disc protrusion at L5-S1 with slight anterolisthesis of L5 S1 (MRI 7/14) and lumbar spine L5-S1 radiculopathy. Treatment plan included requests for authorization of medications, MRI of the lumbar spine, and medical evaluation pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #20 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Opioids: Tramadol; Tramadol; Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Tramadol 50mg #20 with 1 refill. The treating physician report dated 3/2/15(558B) states, "Medications prescribed today include: tramadol 50 mg, #20, one orally daily as needed for pain." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Tramadol since at least 9/15/14. The report dated 3/2/15 notes that the patient's pain has decreased from 7/10 to 4-5/10 while on current medication. The patient was returned to work on 3/2/15 with work restrictions. There is no documentation of any side effects or aberrant behaviors noted. The current request is medically necessary and the recommendation is for authorization.