

Case Number:	CM15-0056260		
Date Assigned:	04/01/2015	Date of Injury:	05/30/2013
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/24/2015

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: 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 43-year-old male, with a reported date of injury of 05/30/2013. The diagnoses include lumbosacral strain, left sacroiliitis, and radiculitis/neuritis thoracic or lumbar region. Treatments to date have included oral medications. The supplemental report dated 02/24/2015 indicates that the injured worker continued to have pain over his left sacroiliac joint. The objective findings include tenderness to palpation over the sacroiliac joint, positive Faber sign, positive thigh thrust sign, equal deep tendon reflexes at the knees and ankles, normal motor strength in all muscle groups of the bilateral lower extremities, and negative bilateral straight leg raise test. The treating physician requested Tramadol 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Cap 150mg ER, 30 day supply, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Tramadol Page(s): 60-61, 113.

Decision rationale: The patient presents with pain over his left sacroiliac joint. The request is for Tramadol HCL Cap 150mg ER, 30 day supply quantity 60. The RFA provided is dated 02/24/15. Patient's diagnosis included lumbosacral strain, left sacroiliitis, and radiculitis/neuritis thoracic or lumbar region. Concurrent medications included Flexeril. The patient is to return to modified duty. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The prescription for Tramadol was first mentioned in the progress report dated 02/24/15. It appears this patient is starting use of Tramadol with this prescription. The patient does not appear to be on any other opioids. Given the patient's chronic pain, a trial of opioids may be reasonable. For continued use, documentation regarding functional gains and the four A's must be provided per MTUS. The request IS medically necessary.