

Case Number:	CM15-0081510		
Date Assigned:	05/04/2015	Date of Injury:	03/20/2002
Decision Date:	06/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/28/2015

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:

This 63 year old female sustained an industrial injury to the low back on 3/20/02. Recent treatment included medications and home exercise. In a follow-up office note dated 3/18/15, the injured worker complained of persistent low back pain. The injured worker reported that medications helped her manage pain and improve function. The injured worker stated that she was willing to exercise daily. The physician noted that a urine drug test dated 2/18/15 was positive for Tapertadol. The injured worker reported that she was never on this medication. Current diagnoses included sacroiliitis, sciatica, lumbar spine stenosis and lumbar disc displacement. The treatment plan included a prescription for Tramadol and continuing regular exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100 mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic).

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. In this case, the claimant pain with Tramadol use was over 8 as noted on 3/18/15. The claimant had been on Tramadol for several months. Previously in September 2014, the claimant had good function with Tylenol use. The pain score was 0 when the claimant was out of Tramadol and only on Tylenol in 11/13/2014. The continued and chronic use of Tramadol is not indicated or medically necessary.