

Case Number:	CM15-0084835		
Date Assigned:	05/07/2015	Date of Injury:	10/29/2014
Decision Date:	06/18/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: New Jersey

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 was a 30 year old female who sustained an industrial injury, October 29, 2014. The injured worker previously received the following treatments lumbar spine MRI, Robaxin, Hydrocodone, Ibuprofen, Medrol dose pack, Tramadol, pain specialist, lumbosacral x-rays. The injured worker was diagnosed with low back pain with radiculopathy, degenerative disc disease, fractured vertebra, sciatica and musculoskeletal back pain. According to progress note of March 26, 2015, the injured workers chief complaint was low back pain that radiates to the right leg. The injured worker rated the pain 10 out of 10 in severity and the quality of pain was burning. The physical exam noted straight leg raise testing was positive ion the right. There was vertebral tenderness and tenderness in the right lumbar paravertebral muscle. The treatment plan included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of the documents provided for this case, the worker appeared to have been taking tramadol for at least a few months leading up to this request for renewal. However, there was insufficient reporting of how effective the tramadol was at reducing pain and increasing function. There was instead reports of continual and persistent pain. Therefore, the request for tramadol will be considered medically unnecessary without enough supportive evidence for continuation.