MAXIMUS Federal Services

Case Number:	CM15-0084939		
Date Assigned:	05/07/2015	Date of Injury:	07/18/2013
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
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 York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 41 year old male, who sustained an industrial injury on July 18, 2013, incurring back and shoulder injuries after falling from a ladder. He had immediate pain in his back and left shoulder. He was diagnosed with a lumbar sprain and low back contusion. Magnetic Resonance Imaging of the spine performed on August 12, 2013, revealed multi-level degenerative changes with lumbar nerve impingement, and lumbar disc protrusions. He was then diagnosed with left lumbar radiculopathy secondary to lumbosacral disc protrusion with sacral neural impingement. Treatment included physical therapy, anti-inflammatory drugs, topical analgesic cream, lumbar support and modified duty. Currently, the injured worker complained of constant pain in the low back of 8/10 at its highest on the pain scale. He denied radiation of any pain into the lower extremities. The treatment plan that was requested for authorization included a prescription for Tramadol ER, and a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any goals with regards to improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not medically necessary.

1 Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43, 77, 78.

Decision rationale: Per the guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, prior drug screening has confirmed the use of prescribed medications. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The medical necessity of a urine drug screen is not medically necessary.