

Case Number:	CM15-0232633		
Date Assigned:	12/08/2015	Date of Injury:	02/23/2010
Decision Date:	01/13/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/27/2015

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 (IW) is a 29 () year old male, who sustained an industrial injury on 2-23-2010. The injured worker is being treated for L5-S1 2mm disc bulge with deconditioning of the lower back. Treatment to date has included medications, physical therapy and acupuncture. Per the Primary Treating Physician's Progress Report dated 9-24-2015, the injured worker presented for evaluation of the lumbar spine. He has been authorized for an epidural injection but does not wish to have that done at this time. Objective findings included stiffness and spasm of the back. Per the medical records reviewed, there is no documentation of functional improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Work status was temporarily totally disabled. The plan of care included refill of medications and follow-up as needed. Authorization was requested for Tramadol 100mg ER #34. On 11-10-2015, Utilization Review non-certified the request for Tramadol 100mg ER #34.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tab 100 mg ER Qty 34, 34 day supply, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

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. In the case of this worker, there was insufficient provided documentation of this full review regarding tramadol use. There was no mention of pain levels or functional abilities with and without the use of tramadol to help justify its continuation. It was also not clear why the urine drug screening did not show evidence of tramadol use. Therefore, without clarification, this request for tramadol will be considered medically not necessary. Weaning may be indicated.