

Case Number:	CM15-0237188		
Date Assigned:	12/14/2015	Date of Injury:	04/01/2002
Decision Date:	01/15/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/04/2015

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: 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:

The injured worker is a 64 year old male, who sustained an industrial injury on 4-1-2002. He reported low back pain. The injured worker was diagnosed as having degenerative disc disease, degenerative joint disease, sciatica, compression fractures of L2-3 and L5-S1 and status post brain tumor excision in 2013. Treatment to date has included diagnostic testing, and medications. The progress note dated 8-05-2015, the IW complains of low back pain. The pain is present across low back and is mostly during the day and alleviated by rest. On exam, tenderness at L2 and L5 with paraspinal spasm and at trigger point at L3, L4 and L5. The range of motion is 50% reduced with reduced knee jerk reflexes. The plan is to continue present program and medication regimen. In the progress note dated 11-5-2015, the IW complains of low back pain. He rates as pain as moderate, present all day and alleviated by rest. He states his medication help to reduce the pain and allow him to move around and deal with activities of daily living. His current medication is Ultracet three times a day. On exam, there is lumbar tenderness, paraspinal spasm, trigger points, reduced range of motion and reduced knee jerk reflexes. He has been using Ultracet since 12-18-2013. The UR decision, dated 11-17-2015 denied Tramadol-Acetaminophen 37.5-325mg, quantity 90 with 1 refill. The request for authorization, dated 11-25-2015 is for Tramadol-Acetaminophen 37.5-325mg, quantity 90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen 37.5/325 mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids for chronic pain.

Decision rationale: 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. Although it may be a good choice in those with back pain, the claimant had been on Tramadol for several months. Long-term use is not recommended. Failure of weaning, Tricyclics or Tylenol (alone) was not mentioned. Continued use of Tramadol / Acetaminophen is not medically necessary.