

Case Number:	CM15-0243399		
Date Assigned:	12/22/2015	Date of Injury:	02/16/2015
Decision Date:	01/25/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/14/2015

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 is a 36 year old male with a date of injury of February 16, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain, lumbosacral radiculitis, and depression. Medical records dated July 31, 2015 indicate that the injured worker complained of lower back pain radiating down the right leg with reduced range of motion. A progress note dated October 23, 2015 documented complaints similar to those reported on July 31, 2015. Per the treating physician (October 23, 2015), the employee was able to work with restrictions that included no lifting or carrying over 25 pounds, and no pushing or pulling over 25 pounds, but was not working. The physical exam dated July 31, 2015 reveals tenderness to palpation over the right lumbar muscles, pain with lumbar flexion and extension, and bilateral hamstring tightness. The progress note dated October 23, 2015 documented a physical examination that showed findings similar to those seen on July 31, 2015. Treatment has included twelve sessions of chiropractic treatments, six sessions of physical therapy, acupuncture, and medications (History of Mobic). The utilization review (November 19, 2015) non-certified a request for Tramadol 150mg #90 and partially certified a request for one pain management consultation (original request for pain management consultation for possible injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

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, length of prior Tramadol use, escalation from a lower dose, failure of Tricyclics and Tylenol were not noted. He had been over the maximum dose. The continued use of Tramadol as above is not medically necessary.

Pain Management consultation for possible injections: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, invasive procedures/injections are not recommended due to short-term benefit. The claimant had undergone numerous interventions including acupuncture, therapy and medications already. The types of injections and indication for intervention was not justified. The request for the pain consultation for injections is not medically necessary.