

Case Number:	CM14-0143361		
Date Assigned:	09/10/2014	Date of Injury:	09/02/2008
Decision Date:	10/16/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68-year-old male who reported an injury on 09/02/2008. The mechanism of injury was not provided within the medical records. A clinical note dated 08/01/2014 indicated diagnoses of chronic back pain, peripheral neuropathy versus plantar fasciitis, and lumbar radiculopathy. The injured worker reported intermittent pulsing low back pain rated 5/10 to 6/10 that radiated into the right buttock to the knee. The injured worker reported numbness and tingling to the right foot and toes that he reported was caused by diabetes. The injured worker reported pain to the left foot after hitting his toe on the bed frame. On physical examination, there was tenderness to palpation of the lumbar spine with spasms. The injured worker's range of motion of the lumbar spine was decreased. The injured worker's sensation was diminished at the bilateral L3 through S1 dermatomes. The injured worker's bilateral tibialis anterior and EHL were 4+, and the injured worker had a bilateral straight leg raise with numbness at 45 degrees. The injured worker's treatment plan included medications and follow-up in 8 weeks. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Flexeril and Tramadol. The provider submitted a request for Tramadol. A Request for Authorization dated 08/01/2014 was submitted for the above medication. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Tramadol ER 150mg, #90 is not medically necessary. The California MTUS guidelines state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risks for aberrant drug use, behaviors, and side effects. In addition, it was not indicated how long the injured worker had been utilizing Tramadol. Furthermore, the request does not indicate a frequency. Therefore, the request for Tramadol is not medically necessary.