

Case Number:	CM14-0214379		
Date Assigned:	01/07/2015	Date of Injury:	09/08/2014
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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:

33-year-old old male claimant sustained a work injury on 9/8/14 involving the back. She was diagnosed with contusion of the hip and lumbar sprain. An MRI performed on 9/27/ 2014 showed L4- L5 impinging on the L5 nerve root. A progress note on October 24, 2014 indicated claimant had 4- 7/10 pain. He had not been taking any medications. Exam findings were only notable for tenderness in the L4- L5 spinous processes with reduced range of motion of the lumbar spine and a positive straight leg raise test. The physician recommended acupuncture as well as Ultracet and Gabapentin. On 11/19/ 2014 the claimant had similar pain as previously. There was diminish sensation in the L5- S1 dermatomes. Other findings were similar as previous exams. Physician recommended an epidural steroid injection as well as Tramadol ER 150 mg daily. A subsequent request was made to increase the Tramadol to twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. 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 claimants pain increased over time and required a higher dose of Tramadol (from Ultracet to Tramadol ER). He had been on the maximum dose. There was no indication of NSAID or Tylenol failure. The continued use of Tramadol ER as above is not medically necessary.