

Case Number:	CM15-0010677		
Date Assigned:	01/28/2015	Date of Injury:	02/03/2011
Decision Date:	03/18/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/20/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 31 year old female, who sustained an industrial injury on 2/3/11. She has reported low back pain. The diagnoses have included lumbar radiculopathy secondary to L5-S1 protrusion and status remote lumbar decompression. Treatment to date has included laminectomy/discectomy (6/18/12), TENS unit, and medications. The 12/12/14 treating physician report cited significant left lumbar radicular pain. The 12/4/15 CT scan demonstrated findings of recurrent disc herniation with under filling of the left S1 nerve root in the lateral recess at L5/S1. Exam documented diffuse lumbar tenderness, positive straight leg raise, hypesthesia in the S1 distribution, and absent Achilles reflex. The treatment plan recommended revision lumbar decompression at L5/S1 Records indicate that the patient has been prescribed tramadol ER 300 mg per day with patient report that she is able to maintain activities of daily living at current dosing. On 1/10/15 Utilization Review non-certified Tramadol HCL 50mg #60, noting it is not medically necessary as the injured worker's pain control should be adequate with other pain medications prescribed. Certification was noted for revision lumbar decompression at L5/S1 with post-operative pain medications to include Norco 10/325 mg, Tramadol HCL ER 150 mg, and Anaprox. The MTUS Chronic Pain Guidelines were cited. On 1/20/15, the injured worker submitted an application for IMR for review of Tramadol HCL 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative, Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS Chronic Pain Guidelines indicate that opioids are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have not been met. This patient is certified to undergo revision lumbar decompression at L5/S1. Post-operative pain medications were requested to include Norco, Tramadol, Tramadol ER and Anaprox. The 1/10/15 utilization review certified post-op pain medications including Norco, Tramadol ER, and Anaprox. Records indicate that the patient has been maintained on Tramadol ER with good pain control. Tramadol is not recommended as a first line analgesic. There is no indication that the addition of Norco will be ineffective to control post-operative pain. Therefore, this request for Tramadol 50 mg #60 is not medically necessary.