

Case Number:	CM15-0018145		
Date Assigned:	02/06/2015	Date of Injury:	03/22/2012
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	01/30/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 51 year old male, who sustained an industrial injury on 3/22/12. He has reported back injury after bending over aligning a metal rod in a machine and all of a sudden felt pain and stiffness. The diagnoses have included discogenic lumbar condition, chronic pain, and adjustment disorder with mixed anxiety, and paranoid personality. Treatment to date has included medications, physical therapy, cane, collar and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, the injured worker complains of chronic low back pain with shooting pain down the leg. He has issues with sleep, stress and depression. He has a Transcutaneous Electrical Nerve Stimulation (TENS) unit which has been helpful and has had physical therapy. He also has a back brace, collar, and cane and uses hot and cold wraps. He is not a good candidate for surgery. The back pain is rated 7-8/10 and he has been using Tramadol with decrease in pain level. He also uses heat nad admits to spasms. He states that the back pain radiates to left leg but dose not have numbness. He uses a cane to ambulate. Physical exam of the lumbar spine revealed tenderness in lumbosacral area and decreased range of motion. There were no recent diagnostics or therapy sessions noted. Magnetic Resonance Imaging (MRI) of lumbar spine dated 6/14 revealed disc disease with facet changes. The work status was with limitations. On 1/29/15 Utilization Review modified a request for Tramadol ER 150mg #30 modified to Tramadol ER 150mg #20, noting that there was no mention of either functional improvement or benefit from this medication. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to have been started on Tramadol several months prior. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Improvement of pain is subjective and does not meet MTUS criteria. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.