MAXIMUS Federal Services

Case Number:	CM15-0110267		
Date Assigned:	06/16/2015	Date of Injury:	07/20/2004
Decision Date:	07/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/08/2015

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 65 year old male, who sustained an industrial injury on 7/20/2004. He reported acute low back pain with lifting activity. Diagnoses include left lumbar radiculopathy, depression due to chronic pain, and insomnia due to low back pain. Treatments to date include activity modification, medication management, home exercise, TENS unit, and physical therapy. Currently, he complained of pain in the low back rated 7/10 VAS with no pain medication. It was noted that pain will decrease to 4/10 VAS with medications. The medical records indicated he was using a TENS unit and Aleve for pain control secondary to the denial of analgesics. On 4/14/15, the physical examination documented an antalgic gait with decreased range of motion in the lumbar spine. There was a positive straight leg raise test on the left side. The plan of care included Tramadol 50mg tablets, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Upheld

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

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

Decision rationale: Tramadol is a direct Mu-agonist, an opioid-like medication. As per MTUS chronic pain guidelines, initiation of opioids require establishment of a treatment plan, current pain/pain relief assessment and failure of non-opioid treatment. Provider has failed to document all components to recommend initialization of an opioid. Provider is claiming pt has decent pain control on non-opioid treatment alone. Patient was previously on significantly stronger opioids such as OxyContin with no documented improvement in pain or function. There is no rationale as to why the provider believes that a weaker opioid is going provide any benefit. There is no documentation of pain or long term plan. The prescribed number of tramadol is not appropriate for a trial of medication. Patient has failed opioid therapy in the past therefore request for Tramadol is not medically necessary.