

Case Number:	CM15-0115305		
Date Assigned:	06/23/2015	Date of Injury:	04/27/1996
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 04/27/1996. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 05/06/2015 the injured worker has reported low back. On examination of the lumbar/lumbosacral spine palpation over the lower paraspinal was noted. Tenderness to palpation was noted over the paraspinal muscle area, and left buttock pain with seated leg raise on left. The diagnoses have chronic low back pain secondary to post laminectomy syndrome and myofascial pain, re-occurring C. diff infection was noted as well. Treatment to date has included laboratory studies, medication: Cyclobenzaprine, Lidoderm, Ondansetron, Skelaxin, Tizanidine, Tramadol, Oxycodone, Norco, and Dilaudid, and home exercise program. The provider requested Tramadol to help wean off Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. This request for tramadol is to assist in weaning the injured worker of Norco. According to available documentation, the injured worker has been diagnosed with opioid dependence and is still utilizing Norco and oxycodone without objective evidence of significant pain relief or functional improvement. The request for 1 prescription of Tramadol 50mg #60 is not medically necessary.