

Case Number:	CM15-0117399		
Date Assigned:	07/01/2015	Date of Injury:	08/06/2010
Decision Date:	09/01/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/17/2015

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: Arizona, Michigan

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 52 year old male who sustained an industrial injury on 08/06/2010. Current diagnoses include failed back syndrome-lumbar, and radiculopathy-lumbar spine. Previous treatments included medications and lumbar fusion in 2012. Initial injuries occurred due to cumulative trauma. Report dated 05/01/2015 noted that the injured worker presented with complaints that included pain in the lower back with radiation to the bilateral lower extremity. Pain level was 9 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the right and left paravertebral regions, range of motion of the lumbar spine is restricted and positive for back pain, straight leg raise is positive, and decreased sensation. The treatment plan included prescribing Tramadol 50 mg, #30, LidoPro topical ointment, and nabumetone, and follow up in 4 weeks. It was noted that the injured worker has chronic intractable pain that requires medication management. There is a signed opioid agreement on file and CURES report is consistent. It is document that the injured worker is able to perform household chores including cooking, cleaning, and vacuuming, and notes an overall 30% improvement with use of medications. Medical records submitted for review supports that the injured worker has been prescribed tramadol 50 mg since at least 12/15/2014, with monthly refills and office visits. Disputed treatments include Tramadol 60 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg QTY: 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list- Tramadol (Ultram) Page(s): 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opioid medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." A review of the injured workers medical records reveal improvement in pain and function with the use of Tramadol, There is a signed opioid agreement on file and CURES report is consistent. It is document that the injured worker is able to perform household chores including cooking, cleaning, and vacuuming, and notes an overall 30% improvement with use of medications, it would appear that the continued use of tramadol is medically appropriate in the injured worker, therefore the request for Tramadol 50 mg QTY: 30.00 is medically necessary.