

Case Number:	CM15-0123817		
Date Assigned:	07/08/2015	Date of Injury:	08/30/2010
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male, who sustained an industrial injury on August 30, 2010, incurring lower back and shoulder injuries after heavy lifting. He was diagnosed with lumbar disc disease with herniation and lumbar radiculopathy, left shoulder sprain, tendinosis, radiculopathy and degeneration. Treatment included anti-inflammatory drugs, pain medications, topical analgesic patches and work modifications with restrictions. Currently, the injured worker complained of continued lower back, right leg pain and left shoulder pain. He complained of persistent spasms in the lumbar region. He was noted to have limited range of motion with weakness on flexion and extension. The treatment plan that was requested for authorization included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol ER (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in August 2010 and continues to be treated for low back, right lower extremity, and left shoulder pain. When seen, he was ambulating with a cane. There was decreased spinal and shoulder range of motion with tenderness. There was right-sided sacroiliac and trochanteric tenderness. Tramadol was being prescribed and is documented as providing improvements from 8-9/10 to 4-6/10 in measures of pain related disability. Tramadol was prescribed and a total MED (morphine equivalent dose) of 30 mg per day. The claimant was not taking any other medications. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing improvement in pain related disability measures. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.