

Case Number:	CM15-0177204		
Date Assigned:	09/17/2015	Date of Injury:	11/02/2013
Decision Date:	10/20/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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, California

Certification(s)/Specialty: Family Practice

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 was a 42 year old male, who sustained an industrial injury, November 2, 2013. According to progress note of August 11, 2015, the injured worker's chief complaint was soreness and stiffness about the lower back. The injured worker continued to improve as time goes on. The injured worker was very pleased with the treatment outcome. The injured worker was no longer experiencing radicular symptoms. The injured worker reported increased strength and endurance continued to improve to the lower extremities. The physical exam noted tenderness with palpation bilaterally about the paralumbar musculatures. The injured worker was able to heel toe walk across the examination room without difficulty. There was no evidence of a limp or antalgic gait. The straight leg raises were negative at 70 degrees in the sitting and lying positions. The injured worker was undergoing treatment for lumbar spinal stenosis, lumbar disk herniation L5-S1, lumbar spine instability L5 and S1, status post fusion. The injured worker previously received the following treatments anterior lumbar fusion followed by posterior lumbar fusion on March 9, 2015 at L5-S1. The RFA (request for authorization) dated July 2, 2015, the following treatments were requested a prescription for Tramadol with Acetaminophen 37.5-325mg #120. The UR (utilization review board) denied certification on August 25, 2015: for the lack of documentation of functional improvement, pain relief, any adverse effects and aberrant drug behaviors as recommended by the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain scores were not noted. Failure of Tylenol or NSAIDs was not noted. The continued use of Tramadol/Acetaminophen as above is not medically necessary.