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| Case Number: | CM15-0178277 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 09/25/2009 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

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 is a 52 year old male with an industrial injury dated 09-25-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, right plantar fasciitis, anxiety, stress and constipation. Treatment has included diagnostic studies, prescribed medications, chiropractic treatment, 12 visits physical therapy (2009) with no change, acupuncture with no change, and periodic follow up visits. Medical records (04-01-2015 to 07-29-2015) indicate ongoing low back and right foot pain. According to the progress note dated 07-29-2015, the injured worker reported right foot pain and low back pain rated 5 out of 10. The injured worker also reported that his "back went out" a few days prior to visit. Objective findings (01-07-2015 to 07-29-2015) revealed slightly antalgic gait, tenderness to palpitation at L4-L5, greater on the left side, positive left straight leg raises and decrease sensation on the left below the knee area. Tenderness to palpitation of the mid to heel area was also noted on exams. The treatment plan included urine drug screen, medication management, podiatrist referral, lumbosacral strengthening exercises and follow up visit. The injured worker has been on Tramadol since at least 2014. Medical record (7-29-2015) did not indicate any significant decrease in pain or functional improvement with Tramadol. The original utilization review determination 08-12-2015 partially approved the request for Tramadol 100mg #30 (original Tramadol 100mg by mouth 2 times a day, quantity 60) for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg by mouth 2 times a day, quantity 60: 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, specific drug list.

Decision rationale: 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. In this case the claimant has been on opioids including Norco for several months. Pain scores reduction with use of medications was not consistently noted. The claimant had opioid induced constipation. Failure of NSAIDS, Tylenol or Tricyclics was not noted. Continued use of Tramadol is not medically necessary.