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| Case Number: | CM15-0179465 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 08/13/2013 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: Emergency 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 22 year old male who sustained an industrial injury on 8-13-13. A review of the medical records indicates he is undergoing treatment for lumbar spine sprain and strain, as well as left ankle strain. Medical records (4-24-15 to 7-21-15) indicate ongoing complaints of low back pain and left ankle pain. The physical exam (7-21-15) indicates "+2 tenderness of the lumbar spine paraspinals" with "painful range of motion of the lumbar spine". The progress note indicates that the injured worker has been receiving physical therapy for the past 2 months and that he indicates that it helps him "manage pain and increase mobility". The injured worker continues to work. The progress record 7-21-15 indicates diagnostic studies have included EMG testing to lower extremities, as well as an MRI of the lumbar spine. Treatment has included shockwave therapy to the lumbar spine, physical therapy, and a lumbar spine brace to provide support. The request for authorization (7-9-15) includes Motrin 800mg, #90 x 3, and Tramadol 50mg, #60 x 3. The utilization review (8-18-15) indicates modification of the Tramadol request to include a quantity of 60 with no refills to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: 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, criteria for use, Opioids for chronic pain.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Documentation fails MTUS guidelines for chronic opioid use. The number of refills requested on opioid-like medication is not appropriate. Tramadol is not medically necessary.