

Case Number:	CM15-0023846		
Date Assigned:	02/13/2015	Date of Injury:	01/15/2010
Decision Date:	04/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/09/2015

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: California

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 35 year old female, who sustained an industrial injury on 01/15/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include herniated nucleus pulposus at cervical five to six with canal stenosis, cervical and lumbar myofascial pain, herniated nucleus pulposus with bilateral foraminal stenosis at lumbar three to four and lumbar four to five, medication induced gastritis, right sacroiliitis, and trigger points. Treatment to date has included laboratory studies, medication regimen, and trigger point injections to the sacroiliac area. In a progress note dated 11/24/2014 the treating provider reports burning pain to the neck with radiation of numbness to the bilateral upper extremities to the fingers and burning pain to the low back with intermittent cramping with the pain radiating to the right hip and numbness to the bilateral feet. The pain to the neck is rated a five out of ten and the pain to the low back is rated a seven out of ten. The treating physician requested Tramadol noting this medication as one of her current medications. On 01/07/2015 Utilization Review modified the requested treatment Tramadol ER 100mg with a quantity 60 to Tramadol ER 100mg with a quantity of 45 with no refills, for a taper, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain, pages 75 and 78, Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 75 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26, Page 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Tramadol ER 100 mg, sixty count is not medically necessary.