

Case Number:	CM15-0061429		
Date Assigned:	04/07/2015	Date of Injury:	06/23/2009
Decision Date:	05/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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 55 year old male, who sustained an industrial injury on 6/23/09. The injured worker was diagnosed as having depressive disorder, occupational problem and pain associated with spinal condition. Treatment to date has included TENS unit, topical ice, acupuncture, sacroiliac block and oral medications including opioids. Currently, the injured worker complains of constant low back pain and pain in posterior thighs, calves and great and small toes bilaterally. Physical exam revealed slow gait, decreased range of motion in all directions and tenderness over the lumbar area from L4-5 through the sacroiliac joints bilaterally with tenderness in both mid to lateral buttocks and greater trochanters. It is noted the injured worker has increased pain since stopping extended release Tramadol. The treatment plan included starting Tramadol/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP, Qty: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92-93.

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 had been on Tramadol for years previously. The claimant was currently on Excedrin and Gralise as well as Traxone. These medications are more optimal and considered 1st line over Tramadol. In addition, long-term use of opioids is not recommended. Although the pain returned after stopping Tramadol, there is no indication of Tylenol or NSAID failure. The Tramadol/APAP is not medically necessary.