

Case Number:	CM15-0065526		
Date Assigned:	04/13/2015	Date of Injury:	11/29/2011
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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 70 year old male who sustained an industrial injury on 11/29/11. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having lumbar disc herniation at L4-L5 with spondylolisthesis and bilateral moderate neural foraminal narrowing, radiculitis of the left lower extremity and slight antalgic gait secondary to low back pain. Treatments to date have included therapy, activity modification, home exercise program, and opioid analgesic. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol hydrochloride tablets 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

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. Pt appears to be on Tramadol chronically. Patient appears to have some noted improvement in pain and objective function with this medication. There appears to be appropriate documentation of monitoring for abuse and side effects. However, there is no documentation of long term plan for tramadol use including plan for weaning or prior attempts to wean. While patient is not able to take NSAIDs, there is no documentation of trials of acetaminophen or other first line medications. The lack of a plan and continued chronic use a medication with potential side effects is not recommended as per guidelines. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.