

Case Number:	CM15-0069075		
Date Assigned:	04/16/2015	Date of Injury:	10/16/2012
Decision Date:	05/18/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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:

Diagnoses include recurrent disc protrusions at L4-5 and L5-S1, status post left L4-5 and L5-S1 discectomy (9/10/2013) with good leg improvement, intermittent recurrence of radiculopathy and radiculitis likely as a result of discogenic changes, multilevel discogenic changes in the lumbar spine with residual pain predominant axial, insomnia, gastrointestinal pain and depression. Treatment to date has included surgical intervention (lumbar discectomy and decompression dated 9/10/2013), diagnostics, medications, injections, chiropractic care, acupuncture and physical therapy. Per the Primary Treating Physician's Progress Report and Supplemental Report, both dated 01/05/2015 the injured worker reported continuous lower back pain and intermittent leg pain for which Tramadol helps. Physical examination revealed a slightly antalgic gait due to back pain. There was minimal pain to palpation over the incision area. Straight leg raise extension at 90 degrees caused pain radiating into the calves bilaterally. The plan of care included medications and authorization was requested for Tramadol 100mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100 mg (3 times daily) Qty 120 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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's had been on Tramadol for over 6 months and opioids for over a year. The claimant had been on the maximum dose of Tramadol. Long -term use is not indicated. Pain scores were not routinely recorded. The continued use of Tramadol as above is not medically necessary.