

Case Number:	CM15-0069715		
Date Assigned:	04/15/2015	Date of Injury:	08/06/2012
Decision Date:	05/14/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 30 year old male, who sustained an industrial injury on 08/06/2012. He has reported subsequent neck and back pain and was diagnosed with herniated nucleus pulposus of the cervical and lumbar spine and cervical and lumbar radiculopathy. Treatment to date has included oral and topical pain medication, massage, electrical muscle stimulation, chiropractic therapy, bracing, TENS unit and application of ice. In a progress note dated 02/27/2015, the injured worker complained of neck pain and muscle spasms. Objective findings were notable for tenderness to palpation at the occiputs, splenius, trapezius, sacalene and levator scapula muscles, decrease range of motion of the cervical spine, positive cervical distraction test, tenderness to palpation of the lumbar paraspinal muscles, reduced range of motion of the lumbar spine and positive bilateral straight leg raise. A request for authorization of Tramadol was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol strength and qty unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 75.

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 pain increased over time while on the medication. The dosage and length of use was not specified. The request for Tramadol as above is not medically necessary.