

Case Number:	CM15-0073511		
Date Assigned:	04/23/2015	Date of Injury:	04/18/2014
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/17/2015

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 (IW) is a 63 year old male who sustained an industrial injury on 04/18/2014. He reported back pain. The injured worker was diagnosed as having protrusion 2mm at L4-5 and L6-S1; rule out lumbar radiculopathy; chronic lumbar myofascial pain. The mechanism of injury was not provided. Treatment to date has included transcutaneous electrical nerve stimulation (TENS), Lumbar Sacral Orthosis (back brace), and medication. Currently, the injured worker complains of low back pain rated 7/10 with intermittent left greater than right lower extremity symptoms. The IW has inquired about physical therapy and voices his desire to avoid interventional treatment. Tramadol is continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 tablet by mouth twice a day, quantity: 60, refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary, www.RxList.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
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 persisted over time with an 8/10 on 4/1/15. Pain score response with medication was not provided. There was no indication of failure of 1st line treatment. Continued use of Tramadol is not medically necessary.