

Case Number:	CM15-0075605		
Date Assigned:	04/27/2015	Date of Injury:	03/13/2011
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 67 year old male who sustained an industrial injury on 03/13/2011. Current diagnoses include low back pain, lumbar radiculopathy, and right hip pain. Previous treatments included medication management, medial branch blocks, and physical therapy. Previous diagnostic studies include an MRI of the lumbar spine. Report dated 03/23/2015 noted that the injured worker presented for follow up. Pain level was 2-3 out of 10 on the visual analog scale (VAS) with medications. The injure worker stated that with the use of medications he is able to do light household chores for 45 minutes to an hour. Physical examination was positive for abnormal findings. The treatment plan included dispensing Tramadol and Flexeril, prescribed Biofreeze gel, follow up with PCP as scheduled, reportedly referred to a podiatrist, awaiting the AME report, urine drug screen was consistent, and follow up in 2 months for re-evaluation. Disputed treatments include Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, 100 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and ongoing management Page(s): 80-81 and 78-80.

Decision rationale: Tramadol 50mg, 100 tablets is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for chronic low back pain opiates appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For osteoarthritis opiates are not recommended as a first-line therapy. They are recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. The documentation indicates that the patient was on Norco prior to Tramadol and the patient finds Tramadol to be more effective. The MTUS states that there is no evidence of recommend one opioid over another. Furthermore, there is no evidence of significant functional improvement on prior use of opioids. Furthermore, the MTUS does not support long term opiate use for the conditions this patient's medical conditions. The request for Tramadol is not medically necessary.