

Case Number:	CM15-0075858		
Date Assigned:	04/27/2015	Date of Injury:	01/16/2013
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
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: 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 51 year old male, who sustained an industrial injury on 01/16/2013. On provider visit dated 01/07/2015 the injured worker has reported low back pain that radiates to left lower extremities with intermittent numbness and tingling. Pain increased after work and was noted better with rest. On examination of the lumbar spine, range of motion was noted as decreased lumbar flexion and tenderness to palpation of the lumbar paraspinal muscles with hypertonicity. The diagnoses have included lower back pain, upper and lower extremity pain, lumbar radiculopathy, and myofascial pain. Treatment to date has included medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol HCl/APAP 37.5/325mg 1 po BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Retro Tramadol HCl/APAP 37.5/325mg 1 po BID #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going

Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain that radiates to left lower extremities with intermittent numbness and tingling. Pain increased after work and was noted better with rest. On examination of the lumbar spine, range of motion was noted as decreased lumbar flexion and tenderness to palpation of the lumbar paraspinal muscles with hypertonicity. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Retro Tramadol HCl/APAP 37.5/325mg 1 po BID #60 is not medically necessary.