

Case Number:	CM15-0076276		
Date Assigned:	04/28/2015	Date of Injury:	04/01/2011
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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 58 year old female, who sustained an industrial injury on 4/1/11. She reported initial complaints of low and mid back. The injured worker was diagnosed as having thoracic sprain/strain, lumbar degenerative disc disease, sacroiliac strain, myofascial pain, sleep issues, poor coping; gastritis; sacral or thoracic neuritis or radiculitis Unspecified. Treatment to date has included psychiatric evaluation (10/14/14); medications. Diagnostic study reported as EMG/NCV lower extremities (8/3/13). Currently, the PR-2 notes dated 3/24/15 indicated the injured worker complained of low back pain that radiates to the lower leg with the right greater than the left. The injured worker tries to exercise but is limited as she finds the foot issue being treated on a non-industrial basis. She reports mood and sleep issues and has tried Gabapentin but could not tolerate as it caused nausea and vomiting. She notes trying Lidoderm patches since 2010 and was helpful for the neuropathic pain, but insurance has denied them. She has been unable to tolerate many medications. Tramadol/APAP 37.5/325mg helps the pain about 30-40% and there have been no side effects from this medication. And no aberrant behavior noted. The provider notes an EMG/NCV lower extremities (8/3/13) reported lumbar radiculopathy. He is requesting retrospective request (DOS 3/13/2015) for Tramadol HCL/APAP 37.5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 3/13/2015) for Tramadol HCL/APAP 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Retrospective request (DOS 3/13/2015) for Tramadol HCL/APAP 37.5/325mg #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 the lower leg with the right greater than the left. 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, Retrospective request (DOS 3/13/2015) for Tramadol HCL/APAP 37.5/325mg #60 is not medically necessary.