

Case Number:	CM15-0076648		
Date Assigned:	04/28/2015	Date of Injury:	07/18/2011
Decision Date:	05/26/2015	UR Denial Date:	04/15/2015
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: Florida

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 43 year old male who sustained an industrial injury on 07/18/2011. The injured worker was diagnosed with lumbosacral strain, sciatica, lumbosacral spondylosis without myelopathy and lumbar/lumbosacral degenerative disc disease. Treatment to date includes diagnostic testing, conservative measures, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on March 12, 2015, the injured worker continues to experience low back pain rated at 8/10 at its worst in the past week, the best at 5/10 and on an average of 9/10 the past week. Associated symptoms include numbness and tingling, spasm, weakness and fatigue. Examination demonstrated palpable trigger points in the gluteus medius and quadratus lumborum bilaterally. Range of motion was decreased with mild motor weakness in the bilateral lower extremities. Positive sacroiliac (SI) joint compression and slump test were noted. McMurray's test was positive on the left knee with mild laxity with valgus stress. Current medications are listed as Tramadol, Orphenadrine and Omeprazole. Treatment plan consists of authorized functional restoration program (FRP); continue with exercise and stretching at home and the current request for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg, #30: 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 Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. There is also no documentation of a pain management contract or that this narcotic medication is being taken at the lowest possible dose. Likewise, this request is not considered medically necessary.