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| Case Number: | CM15-0078435 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 06/10/2009 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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 36-year-old male who sustained an industrial injury on 06/10/2009. Current diagnoses include chronic pain, cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, and displacement of thoracic disc without myelopathy. Previous treatments included medication management, cognitive behavioral therapy, functional restoration program, physical therapy, and chiropractic. Report dated 04/02/2015 noted that the injured worker presented with complaints that included persistent pain with numbness and tingling in the lower extremities. The injured worker reported mild pain relief with use of the Tramadol and able to walk better and get out of bed. Pain level was 9 out of 10 on the visual analog scale (VAS) with use of Tramadol. Physical examination was positive for abnormal findings. The treatment plan included requests for medications and MRI of the lumbar spine. Disputed treatments include Tramadol HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride extended release 150mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49; 115, Chronic Pain Treatment Guidelines Opioids Page(s): 93-94; 78; 80-81.

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

Decision rationale: Tramadol Hydrochloride extended release 150mg quantity 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there is no evidence to recommend one opioid over another. The documentation does not indicate significant pain relief or functional improvement on Tramadol HCL and the MTUS states that there is no evidence to recommend one opioid over another. Therefore, the request for Tramadol Hydrochloride extended release is not medically necessary.