

Case Number:	CM15-0079087		
Date Assigned:	04/30/2015	Date of Injury:	07/11/2014
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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: New York, West Virginia, Pennsylvania
 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 52 year old male, who sustained an industrial injury on 07/11/2014. According to a progress report dated 03/31/2015, the injured worker complained of low back pain that radiated to the right and left lower extremity, right greater than left with numbness and pain. An epidural steroid injection on 03/10/2015 helped for 2 days only. Objective findings included decreased range of motion in the lumbar spine with tenderness to palpation. Diagnoses included lumbar radiculopathy, lumbar discogenic pain and muscle spasm of lumbar spine paraspinal muscles. Treatment plan included continue home exercise program, refill Flexeril, Tramadol, Voltaren and Omeprazole. Currently under review is the request for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96.

Decision rationale: Guidelines recommend use of opiates for moderate to severe pain in patients who are being monitored for efficacy, functional improvement, side effects, and signs of aberrant use. In this case, the patient has been on Tramadol chronically with no evidence of a failure of first line non opioid medications and no evidence of efficacy and functional improvement. The request for Tramadol 37.5 mg #60 is not medically appropriate and necessary.