MAXIMUS Federal Services

Case Number:	CM15-0079481		
Date Assigned:	04/30/2015	Date of Injury:	12/02/2013
Decision Date:	06/08/2015	UR Denial Date:	03/26/2015
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: Arizona, California
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 41 year old male, who sustained an industrial injury on 12/2/2013. He reported low back pain. The injured worker was diagnosed as having lumbar disc herniation, chronic back pain, lumbar radiculopathy, and improving wrist arthralgia. Treatment to date has included medications, walking, chiropractic care, magnetic resonance imaging, and home exercise program. The request is for Tramadol/APAP, magnetic resonance imaging of the lumbar spine, and an orthopedic consultation. On 3/9/2015, he complained of continued low back pain. The records indicate chiropractic care gave him some benefit. He reported his pain level as 6/10. The treatment plan included: acupuncture, physical therapy, chiropractic care, injections and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): (s) 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as Acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant only had 3 hour pain relief on Tramadol indicating short term relief when only given medication every 12 hours. A controlled substance agreement was not noted. The use of Tramadol is not medically necessary.