

Case Number:	CM15-0080861		
Date Assigned:	05/01/2015	Date of Injury:	12/03/2010
Decision Date:	12/21/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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 was a 28 year old male, who sustained an industrial injury, December 3, 2010. The injured worker was undergoing treatment for lumbar spondylosis, lumbar spine degenerative disc disease and low back pain. According to progress note of March 27, 2015, the injured worker's chief complaint was lower backache. The pain level had remained unchanged since the last visit. The pain was rated at 4 out of 10 with medications and 7 out of 10 without pain medications. The injured worker denied new problems or side effects. The injured worker reported a poor quality of sleep. The objective findings were back pain with positive muscle spasms. The injured worker previously received the following treatments Tramadol 200mg 1 tablet 2 times daily since March 2015; left L4-L5 revision surgery on June 6, 2013, Percocet, Naprosyn, Tramadol 50mg 1 daily. The RFA (request for authorization) dated the following treatments were requested prescriptions for Tramadol 200mg 1 tablet 2 times daily #60 March 2015, left L4-L5 revision surgery on June 6, 2013. The UR (utilization review board) modified certification on April 21, 2015, for prescriptions for Tramadol 200mg 1 tablet 2 times daily #60, which was modified to #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 200mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: 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 had been on short releasing Percocet as well as short acting Tramadol as well. Long-term use is not recommended. There was no mention of weaning failure. The claimant had exceeded the maximum dose. The continued use of Tramadol ER as above is not medically necessary.