

Case Number:	CM15-0091792		
Date Assigned:	05/18/2015	Date of Injury:	08/31/1999
Decision Date:	06/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male, who sustained an industrial injury on 8/31/1999. The current diagnoses are lumbar radiculopathy, thoracic pain, and cervical pain, and knee pain, status post knee arthropathy. According to the progress report dated 4/27/2015, the injured worker complains of worsening back pain, felt more in the mid back, which radiates down from the upper back and radiates up from the low back. Additionally, he reports muscular pain with muscle spasms and bilateral knee pain. The level of pain is not rated. The physical examination reveals tenderness in the spinal and paraspinal muscles of the lumbar and thoracic spine. There is restricted range of motion of the lumbar spine due to pain. The current medications are Lyrica, Tramadol, and Omeprazole. Treatment to date has included medication management, physical therapy, and surgical intervention. The plan of care includes prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, Weaning of Medications Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p76-80 Page(s): 76-80.

Decision rationale: The claimant sustained a work-related injury in August 1999 and continues to be treated for bilateral knee and back pain. When seen, his back pain was worsening. There was decreased and painful lumbar range of motion and thoracic and lumbar paraspinal muscle tenderness. Treatments have included physical therapy, chiropractic care, acupuncture, and medications. Tramadol ER is being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release medication often used for baseline pain. Although the requested dosing is within guideline recommendations, the claimant has chronic pain, and the use of opioid medication may be appropriate, the claimant's response to the medications being provided is not documented. Whether there are issues of abuse, addiction, or poor pain control is unknown. Therefore, the continued prescribing of tramadol ER cannot be considered as medically necessary.