

Case Number:	CM15-0092099		
Date Assigned:	05/18/2015	Date of Injury:	04/03/2003
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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:

This is a 61 year old female with an April 3, 2003 date of injury. A progress note dated April 8, 2015 documents subjective findings (doesn't feel like herself; emotions are labile; worried, anxious; continues to have chronic back pain), objective findings (anxious appearing, articulate) and current diagnoses (spinal stenosis of the lumbar region; depression; anger). Treatments to date have included medications, acupuncture, osteopathic manipulation, imaging studies, and physical therapy. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86. Decision based on Non-MTUS Citation Tramadol Prescribing Information.

Decision rationale: The claimant sustained a work injury in April 2003 and continues to be treated for chronic back pain. When seen, she was having ongoing chronic back pain. Medications being prescribed included tramadol had a total MED (morphine equivalent dose) of 30 mg per day. The assessment references a good improvement and chronic back pain. Physical examination findings included appearing anxious. Fluoxetine was prescribed. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no quantification of pain levels in response to this medication or documentation of increased level of function, or improved quality of life. Additionally, Fluoxetine is also being prescribed which would carry the risk of a potentially serious drug - drug interaction causing serotonin syndrome. Therefore, the continued prescribing of Tramadol was not medically necessary or appropriate.