

Case Number:	CM15-0092348		
Date Assigned:	05/18/2015	Date of Injury:	09/05/2013
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 36 year old female who sustained a work related injury September 5, 2013. Past medical history included hypertension. According to a primary treating physician's progress report, dated April 2, 2015, the injured worker presented with ongoing back pain, rated 4/10. She reports the pain travels down the left leg and up to the knee. She has been taking Tramadol and applying ice and heat, all of which have helped with the pain. She continues to exercise at home; walking, using steps and resistance bands daily. Also, she has completed 20 sessions of physical therapy. Diagnoses are lumbago and back disorder not otherwise specified. At issue, 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 37.5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Tramadol is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation about the efficacy and adverse reaction profile of previous use of Tramadol. There is no documentation for recent urine drug screen to assess compliance. Furthermore, the patient is already using Hydrocodone with acetaminophen. Therefore, the prescription of Tramadol 37.5/325mg #60 is not medically necessary.