

Case Number:	CM15-0097692		
Date Assigned:	05/28/2015	Date of Injury:	07/30/2007
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/20/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This 60-year-old male sustained an industrial injury to the low back on 7/30/07. Previous treatment included magnetic resonance imaging, physical therapy, lumbar support brace, heat/ice and medications. In a PR-2 dated 4/28/15, the injured worker reported that he still had a lot of pain. The injured worker reported that the pain ranged from a 6-7/10 on the visual analog scale down to a 3-5/10 if he diminished his activities. The injured worker reported that the medications, although beneficial, were not curative. Physical exam was remarkable for tenderness to palpation to the lumbar spine with guarding, facet arthropathy and clicking. Forward flexion illicited a loud click/pop from the lumbar spine. The injured worker ambulated with a single point cane with a non-antalgic gait. Straight leg raise was negative. Current medications included Tramadol (since 9/23/14), Naproxen Sodium and Prilosec. Current diagnoses included displacement of lumbar intervertebral disc without myelopathy, lumbago and sciatica. The treatment plan included continuing medications (Tramadol, Naproxen Sodium and Prilosec), continuing use of back brace and single point cane and obtaining laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 66, 68, and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been receiving tramadol since September 2014 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for Long-term opioid use have not been met. The request is not medically necessary and appropriate.