

Case Number:	CM15-0099296		
Date Assigned:	06/02/2015	Date of Injury:	03/03/1998
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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:

This 51 year old female sustained an industrial injury to the low back on 3/3/98. Recent treatment included acupuncture, home exercise and medications. Magnetic resonance imaging lumbar spine (5/15/14) showed degenerative disc disease at L3-4, L4-5 and L5-S1. In a PR-2 dated 5/6/15, the injured worker complained of low back pain rated 8/10 on the visual analog scale without medications and 4/10 with medications. The injured worker used Tramadol for severe pain and Naproxen Sodium for inflammation. Physical exam was remarkable for lumbar tenderness to palpation with spasms, decreased range of motion, negative straight leg raise and normal gait. Current diagnoses included lumbar spine sprain/strain and underlying lumbar spondylosis. The treatment plan included physical therapy twice a week for four weeks and medications refills (Naproxen Sodium and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain. This relates back to an industrial injury dated 03/03/1998. The patient's medical diagnoses are lumbosacral sprain and lumbar spondylosis without myelopathy. The patient received physical therapy and acupuncture. This review addresses a request for refills of tramadol 50 mg twice a day. Tramadol is a centrally acting synthetic opioid analgesic. Tramadol it is not recommended as a first-line oral analgesic, according to the treatment guidelines. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with tramadol is not medically necessary.