

Case Number:	CM15-0099672		
Date Assigned:	06/02/2015	Date of Injury:	06/04/2008
Decision Date:	07/07/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/23/2015

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, West Virginia, Pennsylvania
 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:

The injured worker is a 64-year-old male, who sustained an industrial/work injury on 6/4/08. He reported initial complaints of low back pain due to lifting. The injured worker was diagnosed as having lumbago and lumbosacral neuritis. Treatment to date has included medication, diagnostics, s/p surgery (four level lumbar spine surgery), psychotherapy. Electromyography and nerve conduction velocity test (EMG/NCV) was performed with results of bilateral tibialis anterior, biceps femoris long head, peroneus longus, and gastrocnemius medial heads showed evidence of chronic neuropathic processes with mild to moderate ongoing denervation and consistent with bilateral L5-S1 radiculopathies. Currently, the injured worker complains of continued low back pain that remained the same and rated 4/10 without medication and 1/10 with medication. Per the primary physician's progress report (PR-2) on 2/20/15, examination revealed weakness on the right at L5-S1. Pain increased to 6-7/10 with walking. The requested treatments include Tramadol ER 200 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200mg, quantity: 30, with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), Opioids, Criteria for Use Page(s): 16-19, 78.

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

Decision rationale: Guidelines state that patients on opioids should be monitored for pain relief, functional status, side effects, and aberrant drug use. In this case, documents did not provide evidence of increased function and there is no evidence of consistent urine drug screening, verifying appropriate medication use. The request for tramadol 200 mg #30 with 5 refills is not medically appropriate and necessary.