

Case Number:	CM15-0099730		
Date Assigned:	06/02/2015	Date of Injury:	07/31/2013
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 40-year-old male, who sustained an industrial injury on July 31, 2013 while working as a field laborer. The injury occurred when the injured worker slipped and tried to break his fall. The injured worker experienced a jolt in his back and bilateral knee pain. The diagnoses have included low back pain, lumbar sprain/strain, lumbar degenerative disc disease, congenital abnormality of the lumbar two vertebral body, facet syndrome, myofascial pain syndrome and sprain/strain of the knees. Treatment to date has included medications, radiological studies, medial branch block, home exercise program and physical therapy. Current documentation dated April 29, 2015 notes that the injured worker reported unchanged lumbar pain rated a four out of ten on the visual analogue scale with medication. The injured worker was also noted to be recovering from knee surgery related to another claim. Examination of the lumbar spine revealed tenderness to palpation, spasms and a guarded and decreased range of motion due to pain. The treating physician's plan of care included a request for Tramadol ER 200 mg # 30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200mg, #30, 1 refill, prescribed 04/29/2015: Upheld

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

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

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neurophic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. In this case, the documentation supports that the patient has been taking opioid pain medications longer than the recommended amount of time. Furthermore, there has not been significant improvement in functional status. The continued use of tramadol is not medically necessary.