

Case Number:	CM14-0140798		
Date Assigned:	09/10/2014	Date of Injury:	06/13/2007
Decision Date:	10/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury after he was struck in his low back by a forklift on 06/13/2007. The clinical note dated 07/07/2014 indicated diagnoses of multilevel degenerative disc disease and disc protrusions of the lumbar spine, stenosis of the lumbar spine at L2-S1, retrolisthesis at L2-3, and radiculopathy of the lumbar spine clinically. The injured worker reported continued complaints of pain to the lumbar spine rated 8/10, which was increased from 7/10. The injured worker denied any radiation of pain, numbness, or tingling down either lower extremity. The injured worker reported the pain was getting worse since his last visit. The injured worker reported the medication regimen of tramadol, naproxen, and Lidoderm had provided little relief of his symptoms. The injured worker reported the pain had kept him awake throughout the night. On physical examination of the lumbar spine, the injured worker had tenderness over the spinous process of the lumbar vertebrae. The injured worker's range of motion was decreased. The injured worker had a positive sitting straight leg raise bilaterally. The injured worker's treatment plan included authorization for return to clinic, authorization for pain management, and continued medication regimen. The injured worker's prior treatments included medication management. The injured worker's medication regimen included naproxen, tramadol, and Lidoderm patch. The provider submitted a request for tramadol. A Request for Authorization dated 07/07/2014 was submitted. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. The injured worker has reported an increase in pain since his last visit and has reported that tramadol has provided little relief of his symptoms. There is no indication that the use of tramadol has resulted in diminished pain levels or functional improvement. In addition, it was not indicated how long the injured worker had been utilizing tramadol. Furthermore, the request does not indicate a frequency. Therefore, the request for Tramadol 50mg #60 is not medically necessary.