

Case Number:	CM14-0142910		
Date Assigned:	09/10/2014	Date of Injury:	06/02/2012
Decision Date:	10/22/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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 Family Medicine, and is licensed to practice in California. 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:

40 yr. old male claimant sustained a work injury on 6/2/12 involving the low back and lower extremities. He was diagnosed with low back pain, herniated disc and right knee/ankle derangement. A progress note on 7/11/14 indicated the claimant had continued 5/10 back pain with numbness in the L4-L5 nerve roots. Physical findings were notable for positive straight leg raise, diminished sensation in the quadriceps, and reduced range of motion of the back joint line tenderness in the right knee. He was treated with Tramadol ER 150 mg BID and Diclofenac XR 100 mg BID for pain. On 8/4/14 his pain was 7/10 and exam findings were unchanged. He remained on the same medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use

after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain increased over time while on the medication. He had been on the maximum dose. The continued use of Tramadol ER as above is not medically necessary.