

Case Number:	CM13-0013534		
Date Assigned:	09/26/2013	Date of Injury:	09/22/2010
Decision Date:	01/23/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain 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 physician 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 patient is a 55-year-old male who reported an injury on 09/22/2010 after bike crash while performing normal job duties a traffic officer. The patient developed chronic low back pain radiating into the lower extremities. An EMG revealed that the patient had chronic L4 radiculopathy. An MRI revealed deformity of the superior end aspect of the L3 body with an osteophyte formation and mild disc space narrowing at the L3-4 level. The patient's chronic pain was managed with medications, physical therapy, epidural steroid injections, and psychiatric support. The patient's most recent clinical examination findings included decreased deep tendon reflexes on the right lower extremities, tenderness to palpation in the lumbosacral region, a positive right sided straight leg raising test, and restricted range of motion described as 45 degrees in flexion, 10 degrees in extension, and 10 degrees to 15 degrees in right and left lateral rotation. The patient's diagnoses included degenerative disc disease at the L3-4 with stenosis, stress, anxiety, depression, hypertension, and sleep disturbances. The patient's treatment plan included a lumbar epidural steroid injection and transition from Norco to Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg # 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): s 77, 93.

Decision rationale: The requested Tramadol HCL 150 mg #30 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient was previously taking Norco for pain relief. However, the patient's pain was not well controlled by that medication as the patient was unable to perform normal job duties while taking the medication. The California Medical Treatment Utilization Schedule recommends that when initiating therapy of opioid usage, continuous pain being treated with extended release opioids and that only 1 drug should be changed at a time. The clinical documentation submitted for review does provide evidence that the provider discontinued the use of Norco before initiating the use of Tramadol. As Tramadol is an extended release medication, it would be appropriate in the treatment of moderate to severe continuous pain. Additionally, the requested supply does allow for timely reassessment to establish the efficacy of this medication. As such, the requested Tramadol HCL 150 mg #30 is medically necessary and appropriate.