

Case Number:	CM13-0015284		
Date Assigned:	10/08/2013	Date of Injury:	09/16/2003
Decision Date:	01/14/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/22/2013

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 46 year-old male with a 9/16/03 industrial injury claim involving low back pain radiating down the posterior thighs bilaterally. As of 6/14/13 the pain was 8/10 following a flare up from bending over picking something up. The patient was not taking pain medication and is asking for a trial of non-narcotic medication. Prior reports from 4/12/13 and 2/15/13 record his pain at 6/10 baseline, and note that he will take pain medication for pain, as it does help, but that he has not taken any since he had not had any flare ups at that time. The 8/10/12 QME report noted that Vicodin and Robaxin caused nausea and drowsiness, and that the recommended future medical treatment include non-narcotic analgesics. [REDACTED] suggested a trial of Tramadol but it was denied by UR, due to risk of seizure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg 30 tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

Decision rationale: The physician recommended a trial of Tramadol for the patient with 8/10 pain following a flare up. The baseline pain from the prior reports was 6/10. The QME in 2012 recommended future medical care with non-narcotic analgesics. The trial of Tramadol appears to meet MTUS criteria and is in accordance with the QME's recommendations.