

Case Number:	CM13-0016546		
Date Assigned:	11/06/2013	Date of Injury:	01/09/2003
Decision Date:	02/14/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/26/2013

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 Orthopedic Surgery, and is licensed to practice in New York, New Hampshire, and Washington. 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 57-year-old who sustained a work-related injury on January 9, 2003. The patient has chronic low back pain. The patient has difficulty with physical activity and completion of activities of daily living because of low back pain. On physical examination the patient has a functional range of motion and strength in the upper lower extremities. The Patient has intact sensation to light touch bilaterally and has 80° of flexion and 5° of extension of the lumbar spine. There is tenderness to palpation in the lumbar region. The treatment plan includes Ultram at night for pain control, Baclofen every 8 hours for muscle spasm, physical therapy one visit per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (Ultram ER Tablets)- 100mg, quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 91-94..

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicates that Tramadol is used for moderate to severe pain. Tramadol synthetic opioids affect the central

nervous system. In addition, medical literature indicates that the mild benefit of muscle relaxation medicine is outweighed by the frequent side effects to include drowsiness. The physical examination documented in the medical records indicates that this patient has a functional range of motion and strength in the upper and lower extremities. Failure of NSAID medication is not clearly documented in the medical records. The request for Tramadol ER, 100mg, quantity 30, is not medically necessary and appropriate.

Baclofen(tablets)- 100mg, quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicates that Baclofen is a muscle relaxant.. Baclofen is noted to have benefits for treating neuropathic pain. This patient has no documented evidence of neuropathic pain in the medical records. In addition, medical literature indicates that the mild benefit of muscle relaxation medicine is outweighed by the frequent side effects to include drowsiness. The physical examination documented in the medical records indicates that this patient has a functional range of motion and strength in the upper and lower extremities. Failure of NSAID medication is not clearly documented in the medical records. The request for Baclofen 100mg, quantity 90, is not medically necessary and appropriate.