

Case Number:	CM13-0020030		
Date Assigned:	01/15/2014	Date of Injury:	09/08/2010
Decision Date:	03/19/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/04/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is 51 year old female with date of injury on 9/8/2010. Patient is being treated for ongoing low back pain with radiculopathy. Diagnoses include lumbar disc disorder, pain in lower leg joint, and radiculopathy. Previous recent treatments had included psychotherapy and pharmacotherapy. Medications include Ultram, Chlorthalidone, Lisinopril, Metformin, Omeprazole, and Neurontin. Subjective complaints are of low back pain that has remained unchanged from previous visits, with maintained quality of life, and medications have been taken as prescribed. Records describe poor exercise tolerance, limitation of motion, muscle cramps and joint pain. Physical exam showed decreased lumbar range of motion, paravertebral muscle spasm and tenderness, lumbar facet loading was positive, and straight leg raise was negative. Documentation states that medications are working well, without side effects or tolerance. Pain is noted as decreased and made tolerable with use of medications, and is functionally able to do more with medications. No aberrant behavior was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #60 with 2 refills: Overturned

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

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

Decision rationale: CA MTUS states that opioids should be discontinued if there is no overall improvement in function, continued pain with evidence of intolerable side effects, decrease in function, resolution of pain, patient request, or evidence of illegal activity. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. The patient is "permanent and stationary" and is not working. But this patient's records indicate that medications provided moderate pain relief and allowed for improved function and ability to participate in activities of daily living. Guidelines indicate that opioid use may continue if the patient has returned to work or has improvements in functioning and pain. Since patient has functional improvement from this medicine and pain relief, the use of Tramadol is medically necessary.