

Case Number:	CM13-0023835		
Date Assigned:	11/15/2013	Date of Injury:	11/13/1979
Decision Date:	03/11/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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 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 claimant is a 61-year-old gentleman who was injured on 11/13/79. In the limited clinical records for review was a 12/4/13 assessment by [REDACTED] noting the claimant's current diagnosis of cervicothoracic strain and stenosis of the lumbar spine. [REDACTED] documented that the claimant continued to be treated with medications in the form of Tramadol. A recommendation for a lumbar fusion had been made; however, the claimant did not desire to have the surgical process performed. There was no current imaging or further clinical records available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Tramadol/APAP 37.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-84, 91-94.

Decision rationale: The MTUS Chronic Pain Guidelines support that Tramadol is effective, but its use is only recommended for short-term pain relief; long-term efficacy beyond 16 weeks is unclear. This claimant is more than 30 years from the date of injury with a current diagnosis of a

strain. The continued role of Tramadol as an analgesic would not be supported based on the clinical records available for review and the MTUS Chronic Pain Medical Treatment Guidelines. The request is noncertified.