

Case Number:	CM13-0027180		
Date Assigned:	11/22/2013	Date of Injury:	06/04/2006
Decision Date:	08/25/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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 45-year-old male who was injured on 06/04/2006. The mechanism of injury is unknown. Prior medication history as of 04/24/2013 included Omeprazole delayed release, Medrox ointment, Ondansetron ODT, Cyclobenzaprine Hydrochloride, and Naproxen Sodium, and Tramadol Hydrochloride/Acetaminophen 37.5/325 mg #120 (taking since 05/2013). The patient underwent removal of lumbar spine hardware at L4 to S1; bilateral inspection of fusion mass from L4 to S1; L4 to S1 regrafting pedicle screw holes using demineralized bone matrix and bone graft; L4 to S1 bilateral nerve root exploration with lysis of epidural adhesions and neural foraminotomies; L4 to S1 lysis of epidural adhesions/epineurolysis on 06/14/2013. Progress report dated 06/26/2013 states the patient presented with postoperative symptomatology. His symptoms in his left upper extremity and left knee have not changed. On exam, the cervical spine revealed tenderness at the cervical paravertebral muscle and upper trapezial muscles with spasm. There is pain with terminal motion. The left upper extremity revealed positive Tinel's at the elbow. There are positive Tinel and Phalen signs at the wrist. The lumbar spine revealed erythema and cellulitis around the surgical sites and fullness and calf tenderness is noted. The left knee is positive for tenderness at the left knee joint line. There is positive McMurray's sign. There is positive patellar compression test. There is pain with terminal flexion. He was dispensed Tramadol Hydrochloride extended-release 150 mg #90. Prior utilization review dated 08/26/2013 states the request for Tramadol Hydrochloride ER 150mg #90 (units/day requested: 2) is certified and modified to Tramadol Hydrochloride ER 150 mg #90 to allow for weaning with the weaning schedule a the patient at the physician's discretion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride ER 150mg #90 (Units/Day Requested: 2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids are indicated for moderate to severe pain. Long-term use, though controversial, may be warranted if efficacy is demonstrated. Long-term efficacy, over 16 weeks, is not clear for chronic low back pain. There are no trials of long-term use for neuropathic pain. In this case, Tramadol is prescribed on a long-term basis. However, medical records do not demonstrate clinically significant functional improvement, pain reduction or reduction in dependency on medical care from use of this medication. Medical necessity is not established.