

Case Number:	CM13-0048223		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2003
Decision Date:	04/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 36-year-old male who reported an injury on 09/17/2003. The mechanism of injury was not stated. The patient is currently diagnosed with lumbar radiculopathy, left shoulder pain, chronic pain, myofascial pain syndrome, and left shoulder rule out internal derangement. The patient was recently seen by [REDACTED] on 08/12/2013. The patient reported persistent lower back pain with radiation to bilateral lower extremities. The patient also reported increasing leg pain with weakness, numbness, and tingling. Physical examination on that date revealed a slow and assisted gait, moderately reduced lumbar range of motion, spinal vertebral tenderness at L4-S1, myofascial tenderness, and no changes in motor and sensory examination. The treatment recommendations at that time included continuation of current medication including tramadol and morphine sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has utilized tramadol HCL 50 mg since at least 03/2013. Despite ongoing use of this medication, the patient continues to report persistent low back pain with radiation to bilateral lower extremities. The patient's physical examination continues to reveal a slow and assisted gait, moderately reduced range of motion, tenderness to palpation, and no changes to sensory and motor examination. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

MORPHINE SULFATE 30MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has utilized morphine sulfate 30 mg since at least 03/2013. Despite ongoing use of this medication, the patient continues to report persistent low back pain with radiation to bilateral lower extremities. The patient's physical examination continues to reveal a slow and assisted gait, moderately reduced range of motion, tenderness to palpation, and no changes to sensory and motor examination. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.