

Case Number:	CM13-0048258		
Date Assigned:	12/27/2013	Date of Injury:	08/19/2008
Decision Date:	02/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation 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:

The patient was a 35 year old male with complaints of low back pain resulting from an injury on 08/19/2008. The patient was seen on 09/11/2013 which noted the patient had pain to his low back. The patient stated that Tramadol was not effective in treating his pain and was using the Norco which was effective. It was further noted the patient wanted to taper the use of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promolaxin 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The request for Retrospective Promolaxin 100mg is non-certified. The patient was prescribed opioids. The guidelines recommend prophylactic treatment of constipation in patients taking opioids. The patient was noted as taking Norco for pain. However, it is noted the dosage and amount of medications was not submitted for review. The proper amount of medication should allow for reevaluation of the patient to confirm efficacy of

treatment. Given the information submitted for review the request for Retrospective Promolaxin 100mg is non-certified.

Tramadol 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-79.

Decision rationale: The request for Retrospective Tramadol 150mg is non-certified. The patient was being treated with Tramadol for pain. The patient noted the medication was not effective for treating his pain and wanted to taper the use of Tramadol. The Chronic Pain Medical Treatment Guidelines recommend continued use of opioids be based on analgesic effect. Furthermore, the clinical note dated 09/11/2013 noted the patient was unable to work or sleep on current regimen. The guidelines recommend the discontinuation of opioids when the patient requests discontinuation and/or there is no improvement to the patient's pain level. It is additionally noted the request did not specify the amount of medication. The proper amount of medication should allow for reevaluation of the patient to confirm efficacy of treatment. Given the information submitted for review the request for Retrospective Tramadol 150mg is non-certified