

Case Number:	CM13-0052975		
Date Assigned:	12/30/2013	Date of Injury:	07/12/2008
Decision Date:	05/27/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 Anesthesiology, 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 an employee of [REDACTED] and has submitted a claim for low back pain, with an industrial injury date of July 12, 2008. Treatment to date has included aquatic therapy, LS partial laminectomy, and medications which include Norco, Tramadol, and Tizanidine. A utilization review from October 28, 2013 denied the request for Tramadol 50mg #60 with 2 refills because of a lack of documented improvements. Medical records from 2013 to 2014 were reviewed, the latest of which dated February 18, 2014 revealed that the patient presents with complaints of pain in the lumbar spine at 6-7/10. He states that there is pain radiating down his left leg, all the way to the bottom of the foot. He complains of numbness, tingling and weakness, with sensations of hot and cold alternating in that leg. On physical examination, the patient has antalgic gait and walks with a cane. On examination of the lumbar spine, flexion is 30/90 degrees, extension is 5/25 degrees and right and left lateral flexion is 15/25 degrees. Positive toe and positive heel walk. He has positive stoop test.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60 WITH TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

Decision rationale: According to pages 78-79 of the MTUS Chronic Pain Guidelines, chapter on opioids, documentaion of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are required for patients on chronic opioid therapy. In this case, Tramadol was prescribed since July 2013. In the recent clinical evaluation, there is no noted improvement in the pain level and no functional benefit with the tramadol use. Also, there is no monitoring of compliance and screening for aberrant behavior, therefore the request for Tramadol 50mg #60 with 2 refills is not medically necessary and appropriate.