

Case Number:	CM13-0054224		
Date Assigned:	12/30/2013	Date of Injury:	11/29/2006
Decision Date:	03/20/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/30/2013

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 Surgeon and is licensed to practice in Texas. 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 is a 72 year old male who reported an injury on 11/29/2006. His diagnoses include cervical strain, thoracic strain, multilevel lumbar disc desiccation and bulging with left lower extremity radiculopathy and bilateral shoulder impingement syndrome with weakness. He was seen on 09/06/2013 for continued problems with his neck, back, shoulders, and upper extremities. The exam noted tenderness to cervical, thoracic, and lumbar paraspinals with mild spasm. He was able to flex the lumbar region 50 degrees and extend 20 degrees. He was recommended to continue current medication regimen including, Xoten-C, Naproxen, Tramadol ER, Hydrocone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg 1-2 Qd #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS states ongoing monitoring of chronic pain patients on opioids must include documentation of pain relief, functional improvement, and the absence of

side effects and misuse. The documentation submitted did not provide evidence of the patient's outcomes for pain relief and functional while using Tramadol. Also, there was no documentation to support the patient has had an absence of side effects and misuse. Given the above, the request is non-certified.