

Case Number:	CM13-0060810		
Date Assigned:	01/03/2014	Date of Injury:	04/07/2005
Decision Date:	05/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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, has a subspecialty in Interventional Spine, 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:

This is a 49 year-old male who was injured on 4/7/05. His diagnoses include status post transpedicular lumbar fixation L4, L5, and S1 with intradiscal cage device at L4/5 and L5/S1, status post laminectomy; lumbar disc syndrome; left lower extremity radicular symptoms decreased 80% following fusion; intermittent right L5 radicular symptoms; hypertension; crevical sprain; depression; status post PLIF L4/5 and L5/S1 on 4/24/12; fatigue; and right wrist sprain and left knee contusion secondary to fall on 8/11/13. According to the 10/24/13 anesthesiology/pain management report from [REDACTED], the patient presents with low back and bilateral lower extremity pain, as well as neck and left shoulder pain. He takes tramadol ER 100mg and tramadol 50mg. He also uses Lyrica, Cymbalta, and Voltaren gel. Without medications, his pain is 10/10; with medications, it drops to 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM ER 150MG, 1 DAILY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The patient presents with neck, back, left shoulder, and bilateral lower extremity pain. The pain management report from 10/24/13 states that the patient is using tramadol ER 100mg per day for extended pain relief, and uses up to one tramadol 50mg per day if needed. His pain is 10/10 without medications, and 7/10 with medications. The patient is able to do activities of daily living with the use of the medications and feels he would be bedridden without medications. The physician has reported the patient's pain levels at 10/10 without medications, dropping to 7/10 with medications. MTUS criteria for long-term users of opioid states a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The physician documented decreased pain levels and improved function. This is a satisfactory response per MTUS guidelines. As such, the request is certified.