

Case Number:	CM13-0062326		
Date Assigned:	12/30/2013	Date of Injury:	12/02/2010
Decision Date:	04/14/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 Pain Medicine 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 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 60 year old male who reported an injury on 12/02/2010 from an unstated mechanism of injury. His diagnoses include sciatica, neuralgia or neuritis of sciatic nerve, thoracic or lumbosacral neuritis or radiculitis, and lumbago. He was seen on 04/02/2013 for pain to his left lower back with radiation to his left leg and numbness in his foot. The exam noted he had tenderness of the left lumbar paraspinal muscles at L4 through S1. He had some pain with movements, he was able to flex at the waist 60 degrees, and had slight difficulty with squatting and standing. He was instructed to continue home exercises and to use Tramadol for more severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 50MG QTY: 100 REFILLS: 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: CA MTUS states for ongoing monitoring of chronic pain patients on opioids there must be documentation of the patient's pain relief, lack of side effects and misuse, and

functional improvements. The documentation submitted did not address pain relief and objective functional improvement as a result of the requested medication, and did not address side effects or aberrant behavior to support continuation of the medication. As such, the request is non-certified.