

Case Number:	CM13-0069347		
Date Assigned:	01/03/2014	Date of Injury:	06/13/2012
Decision Date:	04/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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 California and Virginia. 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 45 year old female who was injured on 06/13/2012 while walking down stairs when her right foot slipped, causing her to fall down 5 steps and she felt pain in her low back and right wrist. Prior treatment history has included low back support, medication, physical therapy, heat, ice, and home stretching and exercises. Diagnostic studies reviewed include MRI of the lumbar spine performed 05/25/2013 revealed no central or foraminal stenosis and mild facet hypertrophy at L5-S1 ([REDACTED]). PR2 dated 12/04/2013 indicated the patient was in for complaints of right wrist/hand pain with weakness and cramping, aching pain in the low back that radiates to lower extremities and sleep issues. Objective findings on exam revealed lumbar paraspinals are tender with spasm; limited ROM; Flex to 50 degrees; extend 20 degrees; SLR negative. The right wrist shows exquisite tenderness about the first CMC joint; dorsiflex, volar flex 70. The patient was diagnosed with lumbar strain with RLE radiculitis; right first carpometacarpal joint pain; not accepted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF 60 TRAMADOL ER 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-82. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 13: Opioid Therapy: Adverse Effects Including Addiction, pages 113 - 123.

Decision rationale: Regarding Tramadol, a synthetic opioid, the evidence-based guidelines indicate it for moderate to severe pain. The guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. In this case, the patient has also been prescribed an anti-inflammatory medication, Diclofenac, for pain complaints within this review. As it is unknown how the patient would respond to Diclofenac, the addition of an opioids-based medication was not medically warranted at the time.