

Case Number:	CM14-0010616		
Date Assigned:	02/21/2014	Date of Injury:	03/27/2013
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 & Rehabilitation 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 injured worker is a 48 year old male who reported a fall on 03/27/2013. In the clinical note dated 11/20/2013, the injured worker complained of constant severe pain at lumbar spine described as throbbing and burning. He also complained of frequent severe pain at the thoracic spine described as sharp and aching. The physical examination revealed +3 spasm and tenderness to the bilateral paraspinal muscles from T1 to T11. The lumbar spine examination revealed +4 spasm and tenderness to the bilateral lumbar paraspinal muscles for L1 to S1. Kemp's test and straight leg raise test was documented as positive bilaterally. The lumbar spine range of motion was documented as flexion 19/60 painful, extension 9/25 painful, left rotation 10/30 painful and right rotation 10/30 painful. The injured worker was documented as completing 12 sessions of physical therapy. The diagnoses included lumbar disc displacement with myelopathy, thoracic disc displacement without myelopathy and sciatica. The treatment plan included recommendations of physical medicine for 6 visits, and was instructed on home exercises, prescribed medications of Tramadol and Naproxen Sodium 550mg, a multi interferential stimulator one month rental, lumbosacral orthosis and an initial qualified functional capacity evaluation. The request for authorization was submitted on 11/20/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TRAMADOL 50 MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC MEDICAL TREATMEN GUIDELINES (MAY 2009), OPIOIDS, CRITERIA FOR USE,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

Decision rationale: The MTUS Chronic Pain Guidelines state that Tramadol is indicated for moderate to severe pain. Tramadol appears to be efficacious but limited for short-term pain relief, and longterm efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In the clinical note, it was only documented that the injured worker had pain at the lumbar spine and at the thoracic spine but it was unclear the pain level and what conservative treatments were tried. The clinical note also documented a recommendation for Naproxen; therefore, it is unclear if a NSAID had been given before and its efficacy. As such, the request for Tramadol 50mg #90 is not medically necessary and appropriate.