

Case Number:	CM14-0011936		
Date Assigned:	02/21/2014	Date of Injury:	03/20/2006
Decision Date:	05/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/29/2014

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, 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 66 year-old male who was injured on 3/20/2006. He has been diagnosed with s/p lumbar L3/4, L4/5, L5/S1 laminectomy, discectomy with failed back surgery syndrome; lumbar radiculitis; lumbosacral strain; 100% improvement of pain with stimulator trial with no meds taken. According to the 11/7/13 pain management report from [REDACTED], the patient has 100% improvement with the stimulator trial. He recommends discontinuation of gabapentin, but to continue tramadol 50mg tid. On 1/15/14 UR recommended against use of tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, and Opioids Page(s): 75 , 93-94.

Decision rationale: According to the 11/7/13 and 12/5/13 pain management reports from [REDACTED], the patient presents with 100% pain relief following the spinal cord stimulator trial and subsequent implant on 10/1/13. The medical reports 11/7/13 and 12/5/13 reports do not have any

subjective complaints. There is no pain scale rating. MTUS states tramadol is indicated for moderate to severe pain. The patient is not reported to have any pain since the spinal cord stimulator was used. The request for continued use of Tramadol in a patient without subjective complaints of pain does not appear to be in accordance with MTUS guidelines.