

Case Number:	CM14-0014982		
Date Assigned:	02/28/2014	Date of Injury:	06/08/2009
Decision Date:	06/27/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/06/2014

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 Neurological Surgery 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 65-year-old male who was injured on June 8, 2009. The mechanism of injury is described as cumulative trauma. The injured worker is documented as having undergone epidural steroid injections on October 25, 2013 at L4-5 and L5-S1 bilaterally. The most recent clinical documents submitted for this review is dated February 19, 2014. The injured worker is documented as presenting with ongoing right shoulder stiffness and diminished motion. A TENS unit is currently being used for pain management. The physical examination documents tenderness to palpation over the paravertebral muscles of the lumbar spine and lumbar facets. Straight leg raise test is positive on both sides lumbar range of motion is diminished. Current diagnoses are lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculopathy, multilevel disc degeneration with moderate to severe foraminal stenosis at L2-S1. The utilization review in question was rendered on January 31, 2014. The reviewer modified the request of tramadol 50 mg to 180 tablets of tramadol 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TRAMADOL 50MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, tramadol, opioids Page(s): 74-96, 113.

Decision rationale: The California MTUS Guidelines includes the use of opiate-based medications in the management of chronic pain including neuropathic pain. However, the request as submitted does not indicate the frequency, number of tablets to be prescribed, or number of refills. As such, the request is incomplete and is considered not medically necessary as it is submitted secondary to insufficient information.