

Case Number:	CM14-0111070		
Date Assigned:	08/01/2014	Date of Injury:	07/24/2010
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 44 year old male who was injured on 7/24/2010. The diagnoses are neck pain, low back pain, lumbar radiculopathy and status post lumbar fusion. There are associated diagnoses of anxiety disorder, depression and insomnia. On 5/10/2014, [REDACTED] noted that the pain was intractable despite medication management. A spinal cord stimulator trial was recommended. The past surgery history is significant for L4-L5 fusion. The CT of the lumbar spine showed intact lumbar fusion and degenerative changes. The EMG/NCS was normal. In 2013, it was noted that the patient was receiving hydrocodone prescription from two Providers concurrently. A more recent TMESYS check noted that the patient was receiving hydrocodone and tramadol prescriptions from [REDACTED]. The UDS was negative for prescribed opioids. On 1/7/2014, [REDACTED] noted that the patient was now on tramadol and Tizanidine. The hydrocodone had been discontinued. A Utilization Review determination was rendered on 6/30/2014 recommending non-certification for tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids On -Going Management Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; Opioids, Criteria for Use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT opioids Page(s): 74-96, 111, 113.

Decision rationale: The CA MTUS and the ODG recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. Opioids can also be utilized for maintenance treatment when the patient have exhausted treatment with non-opioid medications, PT and surgical options. Tramadol is a partial opioid like medication that is associated with less opioid sedative and addictive properties. The records indicate that the hydrocodone was discontinued. The patient is utilizing Tramadol and Tizanidine while awaiting authorization for spinal cord stimulator trial. The criteria for the use of Tramadol 50mg #90 is medically necessary.