

Case Number:	CM14-0111644		
Date Assigned:	08/01/2014	Date of Injury:	03/17/2000
Decision Date:	09/12/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/17/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 61-year-old male who reported an injury on 03/17/2000. The mechanism of injury was the injured worker was stacking items and hurt his low back. The diagnostic studies were not provided. The diagnoses were depressive disorder not elsewhere classified and postlaminectomy syndrome lumbar region. The prior conservative treatment included massage, pain medications, surgery, and physical therapy. The documentation of 05/23/2014 revealed the injured worker was utilizing Gabapentin 600 mg, Ibuprofen 400 mg, Nucynta 50 mg tablets, Lisinopril 10 mg tablets, and Fluconazole 200 mg tablets, as well as Wellbutrin SR and Amitriptyline Hydrochloride 25 mg. The documentation indicated the injured worker's Nucynta had been discontinued and the injured worker had a slight increase in pain. The treatment plan included Tramadol 50 mg 1 per day in replacement and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 tramadol 50 mg. tab, 1 by mouth everyday # 30 (30 day supply) for lumbar spine pain, an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006Physiian's Desk Reference, 68th ed. www.RxList.com Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. The MTUS states that, "There should be documentation of objective functional benefit, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects." The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. While it was indicated the Nucynta was being discontinued and that tramadol was being started, both medications fall in the opioid classification. As such, there should be documentation to meet the above criteria. However, there was a lack of documentation meeting the above criteria. Given the above, the request for 1 tramadol 50 mg. tab, 1 by mouth everyday # 30 (30 day supply) for lumbar spine pain, an outpatient is not medically necessary.