MAXIMUS Federal Services

Case Number:	CM14-0126466		
Date Assigned:	08/13/2014	Date of Injury:	06/10/2013
Decision Date:	09/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Nevada. 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 records presented for review, indicate that this 32-year-old male was reportedly injured on 6/10/2013. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 7/10/2014, indicated that there were ongoing complaints of low back pain that radiated into the right lower extremity. The physical examination demonstrated lumbar spine positive tenderness to palpation of the lumbar paraspinal muscles and mild swelling. Range of motion was limited in all planes. There was documentation of decreased sensation at left L4-L5 dermatomal distributions. No motor deficit appreciated. There was mild antalgic gait and positive spasm of the lumbar paraspinal musculature. Diagnostic imaging studies included an MRI of the lumbar spine, dated 1/21/2014, which revealed L4-L5 annular tear, mild central canal stenosis, mild left foraminal stenosis, and mild L2-L3 and L3-L4 facet osteo-arthritis. Previous treatment included physical therapy #24 sessions, aquatic therapy, TENS unit, and medication. A request had been made for Tramadol ER 150 mg #60 and was not certified in the pre-authorization process on 7/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 82, 113 of 127. The Expert Reviewer's decision rationale:The California MTUS guidelines support "the use of Tramadol (Ultram) for short-term use, after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication." A review of the available medical records noted that the patient has been using this medication long-term. Continued use of this medication in long-term treatment is not recommended according to guidelines. As such, the request is not considered medically necessary.