

Case Number:	CM14-0126930		
Date Assigned:	08/13/2014	Date of Injury:	09/01/1993
Decision Date:	09/18/2014	UR Denial Date:	07/23/2014
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 & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported an injury on 09/01/1993. While working as a contractor, he was lifting a heavy box containing tiles, and then he twisted at the same time and had sudden onset of mid back pain. Diagnoses were chronic pain syndrome, lumbago, lumbosacral spondylosis without myelopathy, thoracic sprain and strain, and lumbar sprain and strain. Past treatments were medications, physical therapy, massage therapy, chiropractic sessions, injections, and a TENS unit. Diagnostic studies were MRI of the lumbar spine performed on 06/16/2004 which showed mild degenerative changes at the L5-S1 posterior bulge. The injured worker also has had epidural steroid injections to the lumbar spine. No surgical history reported. Physical examination dated 07/14/2014 reported complaints of lower back pain and upper back pain. The pain was a 3/10. It was reported that it radiated through both buttocks off and on. The usual pain score was rated at a 6/10. The worst pain score was an 8/10. The least pain score was a 2/10. Examination of the spine revealed a high level of pain in the thoracic spine. Trigger points were absent. Muscle spasm was absent. Facet loading test was positive on the left and right lower lumbar. Spine extension was restricted and painful. The injured worker was able to flex forward and touch below his knees. Medications were Tramadol and Norco. Treatment plan was to order physical therapy and take medications as prescribed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen 37.5/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter; Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Tramadol, Ongoing Management Page(s): 82, 93, 94, 113.

Decision rationale: The request for Tramadol/Acetaminophen 37.5/325 mg, quantity 120 with 1 refill, is not medically necessary. The California Medical Treatment Utilization Schedule states central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.