

Case Number:	CM14-0151009		
Date Assigned:	09/19/2014	Date of Injury:	08/12/1991
Decision Date:	10/21/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine and Rehabilitation, 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:

This is a 74-year-old male with a 8/12/91 date of injury. A specific mechanism of injury was not described. According to a report dated 4/7/14, the patient reported stable low back pain. He complained of pain and stiffness in the low back, especially in the morning. The pain was worse with activity and better with medications. He takes Ultracet once a day and tolerates it well. Objective findings: tenderness on palpation at midline of lumbar spine, lumbosacral paraspinal region tenderness, tenderness at the PSIS/buttocks/piriformis bilaterally, restricted lumbar range of motion. Diagnostic impression: chronic low back pain and buttock pain, chronic lumbar discogenic pain associated with lumbar spondylosis/degenerative disc disease. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 9/2/14 denied the request for Tramadol 37.5/325mg QTY:30. There is no documented symptomatic or functional improvement from previous usage. Furthermore, there is no documentation of failed trials of first-line opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5-325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior, an opioid pain contract, or urine drug screen. Therefore, the request is not medically necessary.