

Case Number:	CM14-0151912		
Date Assigned:	09/22/2014	Date of Injury:	10/27/2008
Decision Date:	10/21/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 61 year old male who was injured on 10/29/2003. The diagnoses are low back pain and status post lumbar spine fusion. The MRI of the lumbar spine showed slight foraminal stenosis. The past surgery history is significant for L5-S1 fusion. On 8/14/2014, notes indicated subjective complaints of low back pain radiating down the left lower extremities, anxiety and irritability. There are complaints of frustration and increased pain due to non-certification of Norco. The objective findings are tenderness over the lumbar spine and limited range of motion of the left knee. The urine drug screen (UDS) on 2/25/2014 was inconsistent with absent of prescribed diazepam. The medications are tramadol L-carnitine for pain. A Utilization Review determination was rendered on 8/22/2014 recommending non-certification for tramadol/acetyl-L-carnitine 40/125mg #81.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acety-L carnitine 40/125mg #81: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT Page(s): 111, 113.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG recommend that opioids can be utilized for the treatment of exacerbations of chronic musculoskeletal pain that did not respond to standard treatment with non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy (PT). The use of Tramadol is associated with less opioid related side effects such as addiction, dependency and sedation. The L-carnitine is a cytoprotective antioxidant. The records did not show any special indication for the use of an antioxidant. The use of standard tramadol formulation may be beneficial. The criterion for the use of tramadol / Acetyl -L-carnitine 40/125mg #81 was not met.