

Case Number:	CM14-0152257		
Date Assigned:	09/22/2014	Date of Injury:	07/20/1994
Decision Date:	10/21/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/18/2014

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. 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:

Medical records reflect the claimant is a 54 year old male who sustained a work injury on 7-20-94. The claimant is status post fusion L3 to S1. The claimant is currently being treated with medications. The claimant has chronic low back pain and radicular symptoms. Office visit on 7-29-14 notes the claimant has decreased sensation at L4-S1, slight decrease in motor strength, hyperreflexia bilateral patella, positive SLR bilaterally. Office visit on 8-15-14 noted the claimant has low back pain. He had a SCS removed on 7-1-14. The claimant is status post hardware removal and revision of fusion L3 to L5 on 7-16-14. He continues with fair amount of pain. He continues to wear his TLSO brace all the time. The claimant is continued with medications to include Norco, Tramadol ER, Lyrica, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding: Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment. Therefore, the request is not medically necessary.