

Case Number:	CM14-0169060		
Date Assigned:	10/17/2014	Date of Injury:	02/21/2011
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Management 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:

The injured worker is a 31-year old male with a date of injury on 2/21/2011. He is diagnosed with discogenic lumbar condition with three-level disc disease, stress, anxiety, sleep disorder, and headaches. He has also had a weight gain of 19 pounds. Per the 8/8/2014 records, the injured worker returned to his provider regarding his low back pain. He stated that he has gained more weight. On examination, tenderness was noted along the lumbosacral area. Range of motion was limited, hip and knee flexion as well as a straight leg raising test caused back pain. Per the most recent records dated 9/16/2014, the injured worker complained of persistent low back pain, muscle spasm, stiffness and tightness. He has been rarely going to chiropractic and was requesting physical therapy. Objectively, tenderness was noted along the lumbar paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription request for Tramadol HCL EP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70, 78-79, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management, When to Discontinue Opioids, When to Continue Opioids Page(s): 78, 7.

Decision rationale: According to evidence-based guidelines, chronic usage of opioids is generally not recommended. However, if opioids are to be used in the long term, then criteria stipulated by evidence-based guidelines must be met. This includes documentation of a urine drug screening test, documentation of aberrant drug taking behaviors, documentation of a significant decrease in pain levels, and evidence of significant functional improvements. In this case, the injured worker was noted to be utilizing opioids in the long-term. However, the records do not indicate any quantitative pain score measurements (e.g. visual analogue scale) in order to provide a comparison as well as evidence of pain development. The most recent records also do not contain any significant functional improvements. There is also no indication of an extenuating factor or evidence that the injured worker has returned to work. The current clinical presentation of the injured worker does not satisfy the requirements according to evidence-based guidelines. Therefore, the 1 Prescription request for Tramadol HCL EP is not medically necessary.