

Case Number:	CM14-0023616		
Date Assigned:	06/11/2014	Date of Injury:	10/21/2009
Decision Date:	08/01/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 48 year old male injured on 10/21/09 as a result of a fall. Current diagnoses included cervical spine sprain/strain, cervical spine disc protrusion, retrolisthesis, lumbar spine sprain/strain, lumbar spine disc protrusion, and lumbar spine anterior listhesis. Prior treatment received included chiropractic therapy, acupuncture therapy, physical therapy, lumbar epidural steroid injections, and medication management. Clinical note dated 11/11/13 indicated the injured worker presented complaining of moderate to severe neck pain with associated headaches, nausea, and vomiting. The injured worker also complained of persistent moderate to severe low back pain radiating with numbness and tingling into bilateral heels. The injured worker also complained of numbness and tingling radiating into his groin and testicles. Physical examination of the cervical spine revealed tenderness to palpation with spasms of the upper trapezius muscles and suboccipitals, limited range of motion in the cervical spine, and sensation intact to bilateral upper extremities. Physical examination of the lumbar spine revealed normal lordosis, tenderness to palpation of the sacroiliac joints, and tenderness to palpation with spasms of the paraspinals, limited range of motion lumbar spine, and decreased sensation of bilateral lateral calves and dorsum of the feet. Medications provided included gabapentin 300mg, hydrocodone/acetaminophen 2.5/325mg, Tramadol ER 150mg, cyclobenzaprine 7.5mg, ibuprofen 800mg, pantoprazole 20mg, and Exoten-C lotion. The initial request for Tramadol ER 150mg #15 was initially non-certified on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tramadol ER 150 mg #15 cannot be established.