

Case Number:	CM14-0030532		
Date Assigned:	06/20/2014	Date of Injury:	11/30/2012
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Pain Medicine 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:

The injured worker is a 52 year old male who sustained an injury on 11/30/12. No specific mechanism of injury was noted. This appeared to have been a repetitive trauma type injury. Prior treatment has included the use of physical therapy as well as chiropractic modality treatments. The injured worker had been continued with medications to include anti-inflammatories, muscle relaxers, and analgesics for pain. The injured worker was being followed by a treating physician with continuing complaints of pain in the lumbar spine rating 2-4/10 on the visual analog scale. The injured worker described some radiating symptoms into the right lower extremity with occasional numbness. The injured worker also described sharp pain in the right leg, 6/10 on the visual analog scale in the right lower calf region with associated numbness and weakness. The injured worker was felt to have reached maximum medical improvement in November of 2013. Medications at this visit included Ibuprofen. Physical examination noted guarding in the lumbar area with stiffness at the right hip. Limited lumbar range of motion was identified. Straight leg raise was reported as positive bilaterally from 50 to 80 degrees. The injured worker was unable to perform heel or toe walking. No motor weakness was identified. The injured worker did have an antalgic gait favoring the right lower extremity. The injured worker was referred for a spine surgical evaluation. Medications prescribed at this evaluation included Tramadol ER 150mg, quantity 30 for pain and Flexeril 7.5mg, quantity 90 for muscular spasms. The request for Tramadol ER 150mg, quantity 30 was denied by utilization review on 02/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150 mg, QTY: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 24, Benzodiazepines; page 43, Drug testing, page 64, Antispasmodics; page 68, NSAIDs, GI symptoms & cardiovascular risk, pages 75-78, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Tramadol ER 150mg, quantity 30, this medication is medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker was seen for a new evaluation by a treating physician in January of 2014. The injured worker was noted to have had increasing pain despite the use of anti-inflammatories. Tramadol is an analgesic that can be considered an as option for the treatment of moderate to severe musculoskeletal pain that has failed first line medications such as anti-inflammatories. Given the failure of standard anti-inflammatories for this injured worker, a prescription for Tramadol 150mg ER, quantity 30 on a trial basis would have been medically reasonable and necessary based on Chronic Pain Medical Treatment Guidelines.