

Case Number:	CM14-0036727		
Date Assigned:	06/25/2014	Date of Injury:	06/19/1997
Decision Date:	07/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/26/2014

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 Occupational 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 51 year old male who has a date of injury of 06/23/97. A review of the submitted clinical records indicates he has multiple Workers' Compensation claims of which primarily involve the back. It is noted that on 08/06/01, he underwent an L5-S1 laminectomy and discectomy. The injured worker continued to have low back pain as well as leg pain and subsequently underwent an anterior posterior fusion on 03/29/02. The injured worker is noted to have been recommended for a dorsal column stimulator and underwent a trial in 2003 and ultimately underwent permanent implantation in 11/2003 with moderate relief of his discomfort. The injured worker reported to have increasing left lower back and leg pain. Records indicate that the injured worker underwent explanation of the spinal cord stimulator. Post-removal, he was noted to have progressively increasing pain levels. The submitted records indicate that the injured worker is compliant with his treatment plan. Urine drug screens are reported as consistent. Further, a review of the serial records indicates that a weaning program has been initiated and that the injured worker is compliant with the plan. The record contains a utilization review determination dated 03/04/14 in which requests for Tramadol ER 100mg and Morphine Sulfate ER 100mg #30 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

morphine sulfate ER 100mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The submitted records indicate that the injured worker has a failed back surgery syndrome for which he has chronically been maintained on Morphine Sulfate. A review of these records indicates that the prescriber as well as the injured worker are working to reduce his use of these medications through a weaning program. Based on the data provided, the request is medically necessary.

Tramadol ER 100mg with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The submitted records indicate that the injured worker has a failed back surgery syndrome for which he has chronically been maintained on Tramadol. A review of these records indicates that the prescriber as well as the injured worker are working to reduce his use of these medications through a weaning program. Based on the data provided, the request is medically necessary.