

Case Number:	CM14-0045939		
Date Assigned:	07/02/2014	Date of Injury:	12/10/2011
Decision Date:	09/24/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in 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 patient is a 26 year old who was injured on 12/10/2011. The diagnoses are thoracic spine, lumbar spine, right knee and right ankle pain. On 7/11/2014, [REDACTED] noted subjective complaints of low back pain radiating to the right lower extremities. There were pins and needles sensations and decreased ADL due to pain. The pain score was rated as 8-9/10 with medications and 6/10 without medications. The patient reported no beneficial effects after lumbar epidural injections. In 2012 the MRI of the right knee showed menisci tear and effusion. The medications are Tramadol for pain and Flexeril for muscle spasm. A Utilization Review determination was rendered on 3/15/2014 recommending non certification for tramadol 50mg #60.

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 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT. Opioids Page(s): 111,119.

Decision rationale: The MTUS Chronic Pain Guidelines recommend that opioids can be utilized for short term treatment of acute exacerbations of chronic musculoskeletal pain that did not

respond to standard treatment with NSAIDs and PT. Opioids can also be used for maintenance treatment of residual pain when the patient have exhausted all non opioids medications, PT and surgical options. The records indicate that the patient completed PT, interventional pain procedures and surgical options. The criteria for the use of Tramadol 50mg #60 were met.