

Case Number:	CM14-0053362		
Date Assigned:	07/07/2014	Date of Injury:	05/28/2009
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/22/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 39 year old male with date of injury of 5/28/2009. A review of the medical records indicate that the patient is undergoing treatment for widespread chronic pain including, low back pain, anxiety, shoulder pain, pelvic joints pain, upper back pain, and neck pain. Subjective complaints include an 8/10 pain in the lower back, gluteal area and left shoulder which is deep, burning, and shooting in nature. This pain is aggravated by defecation, flexion, and other movements. Objective findings include normal gait, no back spasms, tenderness in the lumbar and sacral joints, positive faber maneuver. Treatment has included baclofen, naproxyn, doxepin, butrans, norco steroid injections, and physical therapy. The utilization review dated 4/2/2014 non-certified Tramadol 50mg #120 and partially certified Klonopin 0.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 96,113,123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tramadol (Ultram®).

Decision rationale: Ultram is the brand name version of tramadol, which are classified as central acting synthetic opioids. Regarding tramadol, MTUS states that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The treating physician did not provide sufficient documentation that the patient has failed his trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for tramadol 50mg #120 is not medically necessary.

Klonopin 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines> Page(s): 24.

Decision rationale: The MTUS guidelines do not recommend long-term use of benzodiazepines and state that use is limited to four weeks. A more appropriate treatment for anxiety disorder is an antidepressant, according to the guidelines. The request for Klonopin 0.5mg #60 is not medically necessary and appropriate.