

Case Number:	CM14-0065738		
Date Assigned:	07/11/2014	Date of Injury:	10/16/2009
Decision Date:	08/13/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/08/2014

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 and Florida. 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 43-year-old male who was injured on 10/16/2009. The diagnoses are low back pain and bilateral lower extremities pain. There are co-existing diagnoses of depression, insomnia, diabetes, erectile dysfunction and gastrointestinal disease. In 2010, the MRI of the lumbar spine showed multilevel disc bulges and disc degeneration. On 3/18/2014, the requesting provider noted subjective complaints of worsening low back pain and difficulty walking since the non-certification of pain medications. The patient was noted to have obtained better pain relief with Norco, before it was discontinued due to non-certification. A utilization review (UR) determination was rendered on 5/6/2014 recommending non-certification of a request for Tramadol 50mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Tramadol 50 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California MTUS addresses the use of opioids for the treatment of chronic musculoskeletal pain. Tramadol is an analgesic which acts on opioid and non-opioid receptors. It is associated with less opioid addictive and sedative properties than pure opioid analgesics. The records indicate that the patient experienced increased pain and decreased activities of daily living (ADL) and functional activities when Norco was discontinued due to non-certification. The patient cannot tolerate NSAIDs because of co-existing gastrointestinal disease. The use of Tramadol is associated with a decrease in pain and increase in ADL/physical function, though not as much as with the previous use of Norco. The criteria for the use of Tramadol 50mg #120 have been met.