

Case Number:	CM14-0075050		
Date Assigned:	07/16/2014	Date of Injury:	06/28/2011
Decision Date:	09/23/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/22/2014

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 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 30 year old male who was injured on 6/28/2011. The diagnoses are low back pain and back muscle spasm. On 3/7/2014, [REDACTED] noted subjective complaints of; low back pain and muscle spasm. The pain was non-radiating, and there were no numbness or tingling sensation. The patient reported a recent flare up of the back. The medications are; tramadol and Naprosyn for pain, Flexeril for muscle spasm and Prilosec for the prevention and treatment of NSAIDs induced gastritis. A Utilization Review determination was rendered on 5/2/2014 was not medically necessary for Tramadol 50mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

tramadol 50mg tab 100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 64, 68, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,113,119.

Decision rationale: The CA MTUS guidelines recommend that tramadol can be utilized as a first-line medication for the treatment of exacerbation of musculoskeletal pain that is non-responsive to NSAIDs, PT and non-opioid medications. The records indicate that the patient was

having acute exacerbation of the chronic low back pain. There was associated muscle spasm. No aberrant behaviors or side effects were reported. The criteria for the utilization of tramadol 50mg #100 were met.