

Case Number:	CM14-0092667		
Date Assigned:	08/08/2014	Date of Injury:	06/05/2002
Decision Date:	09/23/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in California and Washington. 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 35 year old male who was injured on 6/5/2002. The diagnoses are low back pain, post lumbar laminectomy fusion syndrome and lumbar radiculopathy. There are associated diagnoses of depression, insomnia and anxiety. A psychiatrist consultation is pending. On 5/30/2014, the treating physician and the assistant noted subjective complaints of pain score of 5/10 with medications and 9/10 without medications on a scale of 0 to 10. The patient increased because the patient had decreased the daily medication dose due to non-certification for the full prescription. The patient reported 50% reduction in pain with tramadol as well as significant reduction in burning and numbness sensations. The clinical examination was significant for positive Patrick test, Straight Leg Raising test trigger points. The patient has a spinal cord stimulator implant. The medications are Neurontin, naproxen and tramadol for pain, Flexeril for muscle spasm and omeprazole for the prevention of NSAIDs induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram ER) 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Tramadol Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111,113, 119.

Decision rationale: The CA MTUS guidelines recommend that tramadol can be used as a first-line medication during exacerbations of chronic musculoskeletal pain. Tramadol ER is an extended release formulation analgesic that acts on both opioids and non opioids receptors. The use of tramadol is associated with less opioid addictive and sedative properties than pure opioid agonists. Opioids can also be utilized for maintainance treatment for patients who have failed conservative management with PT, non opioid medications as well as surgical options. The records indicate that the patient had completed PT, lumbar spine surgeries, spinal cord stimulator treatment and non opioids medications. No side effects or aberrant behaviors was reported. The criteria for the use of Tramadol (Ultram ER) 100mg #60 was met.