

Case Number:	CM14-0094043		
Date Assigned:	07/25/2014	Date of Injury:	07/26/2004
Decision Date:	09/30/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal Medicine and is licensed to practice in California. 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 injured worker is a 62 year old female who sustained an injury on 07/26/04 while moving a rolling chair which was stuck. The injured worker flipped out of the chair sustaining injuries to the neck, low back and bilateral shoulders. The injured worker has undergone a prior lumbar interbody fusion from L3 through L5 with revision procedures completed in 2013 to include fusion at L5-S1. The injured worker has had prior acupuncture treatment as well as aquatic therapy. Multiple medications were noted to include the use of Suboxone, anti-inflammatories, and Cymbalta as well as trials of Lidoderm patches and Neurontin. As of 05/12/14, the injured worker reported continuing complaints of low back pain radiating to the lower extremities with associated numbness bilaterally. The injured worker was utilizing Cymbalta, Neurontin, Ibuprofen, Lidoderm patches, and Prilosec at this visit. The injured worker had physical examination findings to include a slow gait with the use of a walker. There was limited range of motion in the lumbar spine. The injured worker exhibited decreased sensation to light touch in the bilateral lower extremities with decreased strength on plantar and dorsa flexion. Medications were continued at this evaluation. Follow up on 06/09/14 noted no change in the injured worker's symptoms or physical examination findings. Both ibuprofen and Neurontin were continued at this evaluation. The injured worker was recommended to continue with acupuncture therapy sessions. The requested tramadol 50mg, quantity 30 was denied by utilization review on 06/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In review of the clinical documentation submitted, this reviewer would not recommend the request for tramadol 50mg, quantity 30 as medically necessary. In review of the clinical reports provided, there was no indication regarding the prescription for tramadol 50mg, quantity 30. The injured worker was utilizing multiple medications; however, this was not listed. No specific rationale for continuing tramadol or prescribing tramadol was noted. Therefore, it is this reviewer's opinion that medical necessity for this request is not established.