

Case Number:	CM14-0094965		
Date Assigned:	07/25/2014	Date of Injury:	08/08/2013
Decision Date:	09/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50 year-old individual was reportedly injured on 8/8/2013. The mechanism of injury is not listed. The most recent progress note, dated 6/6/2014 indicates that there are ongoing complaints of low back pain that raise the bilateral lower extremities. The physical examination is handwritten and states lumbar spine tenderness to palpation lumbar spine paravertebral muscles, and limited range of motion with pain. Positive straight leg raise bilaterally. Slow guarded gate with limp. Diagnostic imaging studies include an MRI of the lumbar spine dated 4/21/2014 which reveal posterior central disc protrusion L-1-2, 02-3 posterior disc bulge, L4-5, and L5-S-1 posterior disc bulge and mild bilateral neural foraminal narrowing. Previous treatment includes medications and conservative treatment. A request had been made for Tramadol ER 150 mg #60, Quazepam 15 mg #30 and was not certified in the pre-authorization process on 6/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Quazepam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s):) Page 24 of 127.

Decision rationale: MTUS guidelines do not support benzodiazepines (Quazepam) for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. As such, this request is not considered medically necessary.