

Case Number:	CM15-0185322		
Date Assigned:	09/25/2015	Date of Injury:	05/07/2005
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 56 year old male, who sustained an industrial injury on 05-07-2005. He has reported injury to the low back. The diagnoses have included status post lumbar decompression and fusion, L4-L5 and L5-S1; residual left lower extremity numbness, weakness, and pain around the knee area and above; anterior and posterior approach for lumbar fusion; residual lumbar stenosis at L3-4, L4-5, and L5-S1; residual bilateral foraminal stenosis at L4-5 and L5-S1; anxiety; and insomnia. Treatment to date has included medications, diagnostics, activity modification, and surgical intervention. Medications have included Tramadol, Naprosyn, Gabapentin, Xanax, Prilosec, and topical compounded creams. A progress report from the treating physician, dated 08-10-2015, documented a follow-up visit with the injured worker. The injured worker reported moderate low back pain; he has trouble sleeping now; and he is working part-time. Objective findings included he is stiff in his back as he walks; lumbar flexion is decreased; straight leg raising test is positive on the right and the left; and sensation to light touch, pinprick, and proprioception is slightly decreased around L5-S1 on the left. The treatment plan has included the request for Tramadol 150mg #60; and Xanax 1mg #60. The original utilization review, dated 08-28-2015, modified the request for Tramadol 150mg #60, to Tramadol 150mg #30; and modified the request for Xanax 1mg #60, to Xanax 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 states that opioids can be continued if there is return to work and functional restoration when they are used to treat chronic non-cancer pain. The patient works part-time answer and self limits his functional level at work. The ongoing use of tramadol adheres to evidence-based guidelines and is medically necessary in this case.

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS 2009 states that benzodiazepines are inappropriate for long-term use. There is a risk of dependency and or addiction and there is no evidence of long-term benefit. The ongoing use of benzodiazepines does not adhere to evidence based guidelines and is not medically necessary.