

Case Number:	CM15-0021295		
Date Assigned:	02/10/2015	Date of Injury:	02/08/2010
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who reported injury on 02/08/2010. The documentation of 01/06/2015 revealed the injured worker had pain at a high level of 10/10 intermittently. The injured worker had increased pain with ambulation. The mechanism of injury was not provided. The only improvement was noted to be with rest and medications. The physical examination revealed positive tenderness over the paracervical musculature and positive muscle spasm in the paracervical musculature. The injured worker was ambulating with a cane. The injured worker had positive tenderness in the paralumbar musculature and parathoracic musculature. The injured worker had a positive straight leg raise in the bilateral lower extremities at 80 degrees. There was diminished sensation at L3 and L4 nerve root distributions. The diagnoses included failed back syndrome/intractable low back pain, status post lumbar spine decompression and fusion, incomplete fusion, radiculitis bilateral lower extremity/neuropathic pain, thoracic strain, facet syndrome thoracic spine, cervical degenerative joint disease, cervical disc herniation multilevel, right intercostal neuralgia affecting T10 and T11 based on physical examination, and depression and anxiety. The treatment plan included a repeat MRI of the lumbar spine with and without IV contrast and a CT scan of the lumbar spine with and without contrast. Additionally, refilled medications including tramadol ER 150 mg by mouth daily #60, diclofenac XR 100 mg #60, omeprazole 20 mg #60 and cyclobenzaprine 7.5 mg #90, as well as Wellbutrin 150 mg by mouth daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #60 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional benefit, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol ER 150 mg #60 for the lumbar spine is not medically necessary.