

Case Number:	CM15-0053627		
Date Assigned:	03/27/2015	Date of Injury:	05/14/2013
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old male, who sustained an industrial injury on May 14, 2013. He reported lumbar pain and right gluteus and thigh pain with associated tingling with sitting. The injured worker was diagnosed as having lumbar spondylosis, lumbar strain and lumbar myofascial pain. The MRI report showed degenerative disc disease and facet arthropathy of the cervical and lumbar spine. Treatment to date has included physical therapy, medications and work restrictions. Currently, the injured worker complains of low back pain and right hip pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on June 19, 2013, revealed continued pain. Medications were renewed. Evaluation on September 5, 2013, revealed continued pain. Medications were adjusted and renewed. The medications listed are Naproxen, Pantoprazole and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 150 mg #60 with a date of service of 1/28/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records did not show documentation of the guidelines required compliance monitoring of serial UDS, absence of aberrant behavior or functional restoration. The patient was not noted to have failed treatment with standard NSAIDs, co-analgesics and PT. The criteria for the use of Tramadol 150mg ER #60 DOS 1/28/2015 was not met. The request is not medically necessary.