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| Case Number: | CM14-0154251 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 09/16/2010 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 Family Medicine and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on September 16, 2010. According to the primary treating physicians progress report of August 7, 2014 he had back pain rated as 5/10 on pain scale and pain was decreased somewhat since previous visit. He was attending chiropractic and finding that helpful. He was being followed by a psychiatrist and prescribed Cymbalta. He was taking tramadol 50 mg 2 times a day, Prilosec 20 mg 2 times a day, gabapentin 400 mg 2 times a day, Topamax for headaches, naproxen 550 mg twice a day, and using Terocin cream. Medications were helping to decrease his pain by about 50% and increase his activity level. His diagnoses include HNP of the lumbar spine with stenosis, facet arthropathy of the lumbar spine, lumbar radiculopathy, and ongoing psychiatric and psychological issues. He was also receiving epidural injections. An MRI of the lumbar spine on April 25, 2013 showed retrolisthesis L4-5 with DDD and annular fissuring with narrowing of the left lateral recess at L4-5 with slight contact of bilateral S1 nerve roots at L5-S1, but without evidence for neural foraminal narrowing at any level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 91-94, 75, 80-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-94.

Decision rationale: This worker sustained an injury on September 16, 2010. According to the primary treating physicians progress report of August 7, 2014 he had back pain rated as 5/10 on pain scale and pain was decreased somewhat since previous visit. He was attending chiropractic and finding that helpful. He was being followed by a psychiatrist and prescribed Cymbalta. He was taking tramadol 50 mg 2 times a day, Prilosec 20 mg 2 times a day, gabapentin 400 mg 2 times a day, Topamax for headaches, naproxen 550 mg twice a day, and using Terocin cream. Medications were helping to decrease his pain by about 50% and increase his activity level. His diagnoses include HNP of the lumbar spine with stenosis, facet arthropathy of the lumbar spine, lumbar radiculopathy, and ongoing psychiatric and psychological issues. He was also receiving epidural injections. An MRI of the lumbar spine on April 25, 2013 showed retrolisthesis L4-5 with DDD and annular fissuring with narrowing of the left lateral recess at L4-5 with slight contact of bilateral S1 nerve roots at L5-S1, but without evidence for neural foraminal narrowing at any level.