

Case Number:	CM14-0163281		
Date Assigned:	10/08/2014	Date of Injury:	09/29/2011
Decision Date:	11/14/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/03/2014

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 California. 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 injured worker's date of injury is 08/29/2011. Medical records for the original injury were not provided. This patient receives treatment for chronic neck and low back pain. Medications prescribed for the patient have included: gabapentin, diclofenac, omeprazole, and Norco. He received physical therapy. On exam the lumbar spine ROM is reduced in all directions. There is decreased sensation in the S1 dermatome. Motor exam is normal. Lumbar spine MRI on 02/04/2012 shows diffuse disc disease and an MRI on 08/12/2013 shows multiple osteophytes, but only mild narrowing of the neural foramina. The patient's medical diagnoses include: lumbar disc protrusion, lumbar degenerative disc disease, and lumbar radiculopathy.

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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Page(s): 22, 58, 68, 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 76-78.

Decision rationale: This patient is being treated for chronic low back pain has become opioid dependent. The treatment clinical guidelines for chronic pain using opioids require that the documentation includes four key elements: degree of pain relief, side effects, level of functioning, and the presence of any aberrant or nonadherent behaviors. The documentation provided does not cover these elements adequately. The ongoing use of tramadol is not medically indicated. The request is not medically necessary.