

Case Number:	CM14-0099999		
Date Assigned:	07/28/2014	Date of Injury:	04/29/2009
Decision Date:	09/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

The patient is a 54 year old male with date of injury 4/29/2009. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain with radiation to the upper extremities and lower back pain with radiation to the lower extremities since the date of injury. He has been treated with physical therapy, epidural steroid injections, epidural decompression neuroplasty of the lumbosacral spine and medications. MRI of the lumbar spine performed in 09/2012 revealed disc desiccation throughout the lumbar spine, annular tears at L3-4, L4-5 and L5-S1, disc protrusion with neuroforaminal narrowing at L3-4, L4-5 and L5-S1. Objective: decreased and painful range of motion of the cervical spine, decreased and painful range of motion of the lumbar spine, positive straight leg raise test bilaterally, tenderness to palpation of the lumbar spinous processes, right knee crepitus and right knee medial joint line tenderness. Diagnoses: lumbar disc disease, lumbar spinal stenosis and radiculopathy, neck sprain. Treatment plan and request: Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60, 2 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 54 year old male has complained of neck pain with radiation to the upper extremities and lower back pain with radiation to the lower extremities since date of injury 4/29/2009. He has been treated with physical therapy, epidural steroid injections, epidural decompression neuroplasty of the lumbosacral spine and medications to include opioids since at least 08/2012. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol ER 150 mg is not indicated as medically necessary.