MAXIMUS Federal Services

Case Number:	CM14-0215960		
Date Assigned:	01/06/2015	Date of Injury:	06/26/2012
Decision Date:	03/03/2015	UR Denial Date:	12/21/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 26, 2012.In a Utilization Review Report dated December 21, 2014, the claims administrator failed to approve a request for ConZip. A November 10, 2014 progress note was referenced. The claims administrator stated that the applicant was status post lumbar laminectomy surgery as of that point in time on which using Flector, Ambien, Percocet, and Promolaxin in conjunction with ConZip. The claims administrator did not state the date of surgery, but did seemingly suggest that the applicant had surgical dressing removed on the November 2014 office visit at issue, implying that the applicant was relatively recently removed from the date of surgery. The applicant's attorney subsequently appealed. On May 8, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant was using Flector, Zanaflex and ConZip, it was acknowledged at that point in time. The applicant underwent a L5-S1 laminectomy-foraminotomy surgery on October 27, 2014. On November 24, 2014, the applicant reported persistent complaints of low back pain. The applicant was using Flector, ConZip, Ambien, Percocet, and Promolaxin, it was acknowledged. The applicant provider stated that the applicant was using ConZip on a p.r.n. basis. 3 to 8/10 pain was reported with radiation pain of the legs. The applicant stated that lifting, standing, walking and stooping were all problematic. The applicant's surgical scar was healing nicely, the attending provider stated. The attending provider suggested that the applicant continue ConZip, employ a cane, and begin physical therapy. On November 10, 2014, the attending provider

stated that the applicant had persistent complaints of low back pain. The applicant's surgical dressings and stitches were removed without incident. ConZip was endorsed, while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conzip 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: Yes, the request for ConZip (tramadol extended release) was medically necessary, medically appropriate, and indicated here. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain, as was present here, on or around the date in question, November 10, 2014. The applicant did have persistent moderate-to-severe complaints status post recent lumbar spine surgery of October 27, 2014. The applicant could reasonably or plausibly be expected to have persistent complaints of pain in the moderate-to-severe range on or surrounding the date of the lumbar spine surgery, October 27, 2014. Continued usage of ConZip (tramadol), thus, was indicated. Therefore, the request was medically necessary.