

Case Number:	CM14-0142992		
Date Assigned:	09/10/2014	Date of Injury:	12/13/2004
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/03/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 38-year-old male was reportedly injured on 12/13/2004. The mechanism of injury was noted as a low back injury after he jumped into a 7-8 foot hole. The claimant underwent a lumbar spinal fusion at L4-L5 and L5-S1 on 6/24/2008. The most recent progress note, dated 7/14/2014, indicated that there were ongoing complaints of low back pain. Physical examination demonstrated tenderness along the incisions from L4 through S1, as well as superiorly expressed primarily on the left side of L3. Motor strength testing was difficult to assess due to intractable nature of his pain; however, no focal deficits were noted. No recent diagnostic imaging studies available for review. Previous treatment included lumbar epidural steroid injections, physical therapy and medications to include Norco, tramadol and naproxen. A request had been made for a prescription of tramadol/APAP 37.5/325 mg #60, which was not certified in the utilization review on 8/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Tramadol/APAP 37.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Opioids dosing calculator

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: MTUS treatment guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Review of the available medical records indicates the claimant is taking two short-acting pain medications to include Tramadol and Norco. Given the clinical presentation and lack of documentation of functional improvement with Tramadol, the request is not considered medically necessary.