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**Notice of Independent Medical Review Determination**

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested Tramadol Hydrochloride ER, 150mg for 4/23/13 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/27/2013 disputing the Utilization Review Denial dated 6/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/27/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested Tramadol Hydrochloride ER, 150mg for 4/23/13 **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 18, 2013.

“This patient injured his neck and head when he passed out at work. He had a CT scan on the day of the incident and this was normal. The patient has also recently been diagnosed with hypertension. He takes medications for his high blood pressure and for thyroid disease; none of these medications are identified. The patient's blood pressure at the time of his visit with Dr. [REDACTED] was 118/77. He stated that he was dizzy when he bent forward but there is no documented recorded blood pressure after lying down to evaluate for orthostatic hypotension. The patient was seen again on January 30, 2013 and complained that he was still dizzy. There was no blood pressure documented on that date. This patient had a recent addition of blood pressure medication. He had a relatively low blood pressure at his initial visit. There is no documentation that this patient has seen the physician who prescribed his blood pressure medications nor is there any documentation that anyone has monitored him for orthostatic hypotension. The patient was seen by Dr. [REDACTED] D.O. on March 12, 2013. At that visit, he complained of memory loss, pain in the neck to the shoulders, occasional dizziness and lightheadedness. He noted that the physical therapy to his neck had improved his pain from 8/10 to 5/10. He also complains of headaches. He had cervical tenderness and a positive axial compression test. Dr. [REDACTED] opined that he had "general weakness" but this was not specific and that he had possible double crush syndrome.”

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 6/27/13)
- Utilization review determination from [REDACTED] (dated 6/18/13)
- Employee medical records from [REDACTED], MD (dated 4/24/13)

- Employee medical records from [REDACTED], MD (dated 6/26/13)
- Employee medical records from [REDACTED] (dated 1/16/13-3/29/13)
- Employee medical records [REDACTED], DO (dated 3/12/13-7/1/13)
- Employee medical records from [REDACTED] (dated 1/8/13)
- Employee medical records from [REDACTED] (dated 1/14/13)
- Employee medical records from [REDACTED] (dated 3/20/13-6/11/13)
- Employee medical records from [REDACTED] (dated 1/8/13)
- Employee medical records from [REDACTED] (dated 5/24/13)
- Employee medical records from [REDACTED] (dated 2/11/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 74-96

**1) Regarding the request for Tramadol Hydrochloride ER, 150mg for 4/23/13:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not provide any evidence basis for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 74-96, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related head and neck injury on 1/8/13. The medical records provided for review indicate treatment has consisted of physical therapy, X-rays, CT of the Brain, and oral analgesics. The employee reports continued pain more than six (6) months after a fall resulting in a cervical strain, meeting the guidelines for chronic pain.

Chronic Pain Guidelines indicate that multiple medications should not generally be started at the same time, and that opiates should be closely monitored. The medical record of 3/12/13 shows multiple medications were prescribed, but there is no assessment of the response to those various medications. There is no indication from the medical records provided for review that the employee has been given immediate-acting opiates before ER Tramadol was prescribed. The Tramadol Hydrochloride ER, 150mg for 4/23/13 **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]  
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