
Notice of Independent Medical Review Determination

Dated: 9/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

9/1/2004

7/16/2013

CM13-0001676

- 1) MAXIMUS Federal Services, Inc. has determined the request for Tramadol ER 100mg # 60 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 request for Tramadol ER 100mg # 60 is 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 Occupational 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013

“The patient is a 51 year old female with a date of injury of 9/11/2004. Under consideration is a prospective request for one I prescription of Norco 10/325mg #90, one prescription of Tramadol ER 100 mg #60, one prescription of Cymbalta 60mg #60, one prescription of Tizanidine 4mg #60 and one prescription of Ibuprofen 800mg #90. According to the report on 7/11/13 the patient had just undergone another radiofrequency of L4-L5 and, L5-S1 on 6/11/13. She reports no significant relief in pain from the procedure like her previous one that lasted from April 2012 to 2013. The patient is taking multiple medications for pain relief and spasms over the year including Norco, Tramadol, Cymbalta, Tizanidine and recently “wanting to add ibuprofen. She has been diagnosed with right lumbar facet pain post two week radiofrequency and left knee pain.”

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 dated 8/15/2013
- Utilization Review Determination by [REDACTED] dated 7/15/2013
- Medical Records from 7/31/2012 through 7/01/2013
- MTUS Guidelines

1) Regarding the request for Tramadol ER 100mg # 60:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, 2009, Tramadol section, page 113, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, 2009, pages 80 and 82, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back on 9/01/2004. The reviewed medical records indicate that the employee has had X-Rays, MRIs, EMG/NCV studies, laminectomy and discectomy at L4-5, physical therapy, and pain medication. On 6/11/2013 the employee underwent a right radiofrequency medial branch neurotomy at the L4-5 and L5-S1 facet joints. The most recent medical record, dated 7/01/2013 indicates that the employee continued to have back pain spasms to the back and left knee pain. A request was submitted for Tramadol ER 100mg # 60.

The Chronic Pain Medical Treatment Guidelines, 2009, indicate that Tramadol has been suggested as a second-line treatment alone or in combination with first line drugs. The reviewed medical records indicate that the employee is already taking first-line medications (NSAIDs and Cymbalta) with documented positive functional improvement and reduction in pain noted. The criteria for continuation of opioid medications are met in this case. The request for Tramadol ER 100mg # 60 is 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

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.