

Case Number:	CM13-0014219		
Date Assigned:	12/18/2013	Date of Injury:	08/16/1986
Decision Date:	02/11/2014	UR Denial Date:	08/04/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 57-year-old female who reported a work related injury as the result of cumulative trauma on 08/16/1986. The patient currently presents for cervical spine and lumbar spine pain complaints. The clinical note dated 10/03/2013 reports the patient was seen under the care of [REDACTED]. The clinical note is difficult to interpret as it is hand written. The provider documents the patient presents reporting utilization of tramadol, Anaprox and Ativan for her pain complaints. The provider documented tenderness upon palpation of both the cervical and lumbar spine. The provider documented a request for a pain management consult for the patient's cervical spine pain complaints due to continued worsening of symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tramadol HCL 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Section, page 78 and Tramadol Section Page(s): 93-94.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence how long the patient has been utilizing this medication and the clear

efficacy of tramadol for the patient's pain complaints. The California MTUS Guidelines state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given the lack of documentation of a decrease in the patient's rate of pain on a Visual Analog Scale and increase in objective functionality due to the patient's utilization of Tramadol, the request for 30 Tramadol HCL 150 mg is not medically necessary or appropriate.