

Case Number:	CM13-0014394		
Date Assigned:	12/11/2013	Date of Injury:	02/01/2004
Decision Date:	01/29/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/20/2013

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 has a subspecialty in 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 74-year-old male who reported injury on 02/01/2004 with a mechanism of injury that was not provided. The patient was noted to be recovering from a thoracic lumbar fusion surgery on 09/26/2013. It was noted that the patient continues to use medications without change. The patient was noted to be using 3 Tramadol per day and at one time was up to 6 to 8 per day. The patient's diagnoses were not provided. The request was made for Tramadol-Ultram 50 mg SIG take 1 to 2 tablets every 8 hours, not to exceed 8 per day, qty 240 and refills 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol-Ultram 50Mg SIG: take one to two tablets every 8hrs, NTE 8/day QTY: 240.00 REF: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 93-94.

Decision rationale: California MTUS guidelines indicate that Tramadol has been suggested as a second-line treatment for moderate to severe pain and for ongoing management, there should be documentation of the 4 A's which include analgesia, activities of daily living, adverse side

effects and aberrant drug taking behaviors. The patient was noted to be recovering from a thoracic lumbar fusion surgery on 09/26/2013. It was noted the patient continues to use medications without change. The patient was noted to be using 3 Tramadol per day and at one time was up to 6 to 8 per day. The patient was noted to have spasm in the lumbar spine. The clinical documentation submitted for review failed to provide documentation of the "4 A's." It failed to indicate the need for 5 refills or for 240 tablets. Additionally, it failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Tramadol-Ultram 50 mg SIG: take one to two tablets every 8 hours, NTE 8/day QTY: 240.00 REF: 5 is not medically necessary.