MAXIMUS Federal Services

Case Number:	CM13-0018712		
Date Assigned:	10/11/2013	Date of Injury:	09/07/2009
Decision Date:	06/23/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/30/2013

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 Anesthesiologist, 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 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 patient is a 45-year-old female who sustained a work-related injury on September 07, 2009. The clinical information indicates the patient's medication regimen includes MS Contin, Vicodin, Wellbutrin, Diclofenac, Tramadol ER, and gabapentin. The most recent evaluation dated August 27, 2013 documented subjective reports of constant daily pain that the patient rated 5/10 on a regular basis. The patient reported that she was currently not working but was able to manage to do light chores around the house. Physical examination revealed no acute distress, satisfactory neck movement, and good range of motion. The patient's diagnoses included chronic low back pain and left shoulder pain. The treatment plan included recommendation to engage in activities as physically tolerated, use of hot and cold modalities as well as a TENS unit, and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION FOR TRAMADOL ER 150MG, #30 (DOS: 7/23/13): 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 OPIODS Page(s): 74-79.

Decision rationale: The Chronic Pain Medical Treatment Guidelines require certain criteria for ongoing monitoring of opioid use, which includes the documentation of pain relief, appropriate medication use, functional improvement, and absence of adverse side effects. The clinical information submitted for review lacks subjective or objective documentation of functional benefit or effective pain relief being obtained through the continued use of the requested medication. Additionally, the clinical information indicates that the patient has been utilizing the requested medication since at least July 2012 without documentation of functional improvement, effective pain control, or the ability to return to work. Given the documentation submitted for review and guideline criteria, the request is not supported. Therefore, the request is not medically necessary.