

Case Number:	CM13-0022384		
Date Assigned:	11/13/2013	Date of Injury:	07/17/2002
Decision Date:	10/07/2014	UR Denial Date:	09/08/2013
Priority:	Standard	Application Received:	09/10/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This is a 45 year-old male with a 7/17/02 industrial injury claim. He has been diagnosed with lumbar strain/strain bilateral radiculitis, spondylosis, s/p SCS implant 8/23/11, removal 4/24/12. According to the handwritten PR2 dated 8/13/13, he uses Ultram ER t.i.d. and gabapentin 600, t.i.d. The IMR application shows a dispute with the 9/8/13 UR denial of Tramadol 150mg. The UR letter was by CID, and was based on the 8/13/13 medical report.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tramadol HCI 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 88-89.

Decision rationale: MTUS has criteria for use of opioids, including: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." And "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no pain

assessment or discussion of medication efficacy, or improved function or quality of life on the 8/13/13 report. There was no pain or function assessments or mention of efficacy of medications on the prior reports dated 6/24/13, 5/10/13, 5/9/13, 3/26/13 or 2/13/13. The MTUS reporting requirements for use of opioids has not been met. The continued use of tramadol is not in accordance with MTUS guidelines. Therefore this request is not medically necessary.