

Case Number:	CM13-0030686		
Date Assigned:	11/27/2013	Date of Injury:	12/05/2011
Decision Date:	02/07/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine and Pulmonary Diseases 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 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 59-year-old female who reported a work-related injury on 12/05/2011. The specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: lumbosacral degenerative disc disease, open wound of and adjustment reaction mixed. The most recent clinical note submitted for this review dated 10/09/2013 and 10/25/2013 reports that the patient was seen under the care of [REDACTED]. Both notes are illegible and difficult to interpret due to poor handwriting and photocopying. The clinical notes document the patient is status post a lumbar epidural steroid injection performed on 09/06/2013 with good results reported. The provider documents the patient is unable to ambulate and requires use of a walker. The provider reports the patient utilizes tramadol 150 mg and Vicodin, as well as Xanax and Celexa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The clinical documentation submitted for review fails to evidence support for the long-term necessity of the patient's utilization of tramadol. The clinical notes do not document the patient's average rate of pain on a visual analog scale (VAS), or increase in objective functionality with utilization of the patient's medication regimen which includes tramadol and Vicodin. The Chronic Pain Guidelines indicate, "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 As" (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 all of the above, the request for tramadol is not medically necessary or appropriate.