

Case Number:	CM13-0031982		
Date Assigned:	01/03/2014	Date of Injury:	02/19/2002
Decision Date:	05/30/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

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 Internal Medicine, 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:

The patient is a 60-year-old male with date of injury on 02/19/2002 with no documentation available as to the mechanism of action or type of injury. The notes report he has failed back syndrome and chronic low back pain. The notes reflect the use of Vicodin for pain control until the note dated 05/14/2013, when the patient was switched to Tramadol. The current request is for Tramadol 50mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRAM 50MG #30 WITH 2 REFILLS: 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): 74-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that Tramadol be considered in the opiate class of medication and is felt to work as a central acting analgesic. Like all short acting opioids, Tramadol should be used for moderate to severe pain and used in a short-term fashion. Furthermore, long-term use for chronic back pain is not recommended as trials with Tramadol vs. placebo show tolerance and lack of benefit over time. The patient has been on

Tramadol since the note dated May 14, 2013. There is no documentation as to how the patient's pain scores and functionality have improved on Tramadol. Given the lack of documentation as to effect, the MTUS Chronic Pain Guidelines' criteria have not been met for long-term use of this drug. The request for Tramadol is not medically necessary and appropriate.