

Case Number:	CM13-0039307		
Date Assigned:	12/18/2013	Date of Injury:	08/12/2011
Decision Date:	04/25/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/03/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 40-year-old male who reported injury on 08/12/2011. The specific mechanism of injury was not provided. The patient's medication history included Tramadol as of 04/2013. The documentation of 07/29/2013 revealed that Tramadol was prescribed to enhance pain relief, help restore function, and improve overall ability to better perform activities of daily living. Subjectively, the patient was requesting stronger pain medications. The patient's diagnoses were lumbar spine sprain/strain, lumbar discopathy, and right lower extremity radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150 MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria For Use of Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient had taken the

medication since 2012. The patient indicated they would like a stronger pain medication. There was a lack of documentation of objective improvement in function and an objective decrease in the VAS score evidence that the patient is being monitored for aberrant drug behavior and side effects. Given the above, the request for Tramadol ER 150 mg #30 is not medically necessary.