

Case Number:	CM13-0045408		
Date Assigned:	03/31/2014	Date of Injury:	12/01/2006
Decision Date:	05/09/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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, 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:

The patient is a 56 year old female with an injury date on 12/01/06. Based on the 09/16/13 progress report provided by [REDACTED], the patient's diagnosis include reflex dystrophy of the lower limb, thoracic/lumbosacral neuritis or radiculitis (unspecified location), encounter for therapeutic drug monitoring, and postlaminectomy syndrome of the lumbar region. [REDACTED]. [REDACTED] is requesting Tramadol ER 100 mg #90. The utilization review determination being challenged is dated 10/21/13 and recommends denial of Tramadol. [REDACTED] is the requesting provider, and he provided three treatment reports from 08/19/13- 10/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 100MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 61.

Decision rationale: According to the 09/16/13 progress report by [REDACTED], the patient presents with reflex dystrophy of the lower limb, thoracic/lumbosacral neuritis or radiculitis (unspecified

location), encounter for therapeutic drug monitoring, and postlaminectomy syndrome of the lumbar region. The request is for Tramadol ER 100 mg #90. The 09/25/12 QME provided by [REDACTED] states that Tramadol was first taken on 03/25/09; however, there is no indication of how the Tramadol impacted the patient's ability to function. On the 10/14/13 progress report by [REDACTED], the patient claims to have had "prior trials of Percocet, Valium, and other assorted medication, including Ultram, [which] gave the patient reportedly little or no relief." The treater does not explain why Tramadol is tried again. MTUS page 8 states, "When prescribing controlled substances for pain, 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 indication that such is happening with Tramadol. The patient has not responded to Tramadol in the past and there is no reason to try it again. Recommendation is for denial.