MAXIMUS Federal Services

Case Number:	CM13-0050940		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2011
Decision Date:	03/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/13/2013

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 Family Practice 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 54-year-old female who reported injury on 10/18/2011. The mechanism of injury was not specifically provided. The patient was noted to have total body pain, chronic fatigue, and problems sleeping. The request was made for Plaquenil, sun block, Neurontin 100 mg/mcgd, Prilosec, and Ultracet for FMS. The diagnoses were noted to include myalgia and myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER tb BID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines indicate that Tramadol is appropriate for chronic pain. There should be documentation of the 4 A's, including objective decrease in the VAS score, objective functional improvement, adverse side effects, and aberrant drug-taking behavior. The clinical documentation submitted for review failed to provide the documentation of the 4 A's. Additionally, per the submitted request, there was lack of documentation indicating

the quantity, as well as the strength of Tramadol being requested. Given the above and the lack of clarity, the request for Tramadol ER tb twice a day, with an unstated quantity and strength, is not medically necessary.