

Case Number:	CM13-0062016		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2005
Decision Date:	05/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 and 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 45 year old female with an injury date on 04/05/05. Based on the 11/04/13 progress report provided by [REDACTED] the patient's diagnosis include cervical and lumbar radiculopathy, status post lumbar fusion, chronic pain (no specified location indicated), and status post cervical discectomy. [REDACTED] is requesting Tramadol 50 mg 1 tablet every 12 hours #60. The utilization review determination being challenged is dated 11/19/13 and recommends denial of the Tramadol. [REDACTED] is the requesting provider, and he provided three treatment reports from 07/16/13- 12/02/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG ONE TABLET EVERY 12 HOURS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, criteria for use. Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain and Criteria for Use of Opioids Page(s): 60, 61, 88, 89.

Decision rationale: According to the 11/04/13 progress report, the patient presents with cervical and lumbar radiculopathy, status post lumbar fusion, chronic pain (no specified location

indicated), and status post cervical discectomy (06/02/10). The request is for Tramadol 50 mg 1 tablet every 12 hours #60. The request was denied by utilization review letter dated 11/19/13. Review of the reports show the patient has been taking Tramadol since the first progress report provided (07/16/13). The 11/04/13 progress report states that the medications are helpful; however there were no pain scales provided or any indication of the impact Tramadol had on the patient. For long-term use of opiates MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, the treater only has a general statement that it helps. This documentation is inadequate. No numerical scales are provided, and no specifics are provided regarding functional changes. Recommendation is for denial.