

Case Number:	CM13-0071351		
Date Assigned:	01/29/2014	Date of Injury:	09/11/2013
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 injured worker is a 55 year old female with an injury reported on 09/11/2013. A slip and fall is documented as the mechanism of injury. The clinical note dated 12/04/2013 reported the injured worker complained of pain and tightness to right upper thigh and lower back. The pain is described as aching and throbbing and the pain is rated a 5 out of 10. Objective examination of the injured worker's back noted tenderness on both sides of lumbar paraspinal area. Current medications included Tramadol 50mg twice daily as needed for pain, Ibuprofen 600mg three times as needed. The injured worker's diagnoses included sprain lumbar region and contusion back. The request for authorization was submitted on 12/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Page(s): 80.

Decision rationale: According to California MTUS guidelines, Tramadol for chronic back pain appears to be efficacious but limited for short-term pain relief, and longterm efficacy is unclear

(>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In this case, the claimant had been prescribed Tramadol and Ibuprofen for pain. There is a lack of clinical evidence on the effectiveness of one or both medications. Therefore, the request for Tramadol 50mg # 90 is not medically necessary and appropriate.