

Case Number:	CM14-0008576		
Date Assigned:	02/12/2014	Date of Injury:	04/19/1989
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 Sports Medicine, 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 injured worker is a 61-year-old female who reported an injury on 04/19/1989. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 01/28/2014 reported the injured worker complained of low back pain, located to the left paralumbar and right paralumbar. The injured worker complained of pain radiating into the left buttock, described as sharp pain, dull pain, throbbing, chronic intermittent, aching, and discomfort. The injured worker complained of limited weight bearing activities. On the physical exam the provider noted full range of motion in the lower extremities. The provider noted tenderness over the left buttock, lumbar spine, left paralumbar, right paralumbar, and tenderness to the facet joints. The injured worker had diagnoses of lumbar spine pain, chronic pain syndrome, radiculitis, lumbar spondylosis, and post-laminectomy syndrome. The provider noted the injured worker received a caudal epidural steroid injection at the time of the visit. The provider recommended Tramadol HCl tablet 50 mg, #60. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TRAMADOL HCL TABLET 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines On-Going Management Page(s): 78-79.

Decision rationale: The injured worker complained of left and right paralumbar pain radiating to the left buttock. The injured worker described the pain as sharp pain, dull pain, throbbing, chronic and intermittent, aching, and discomfort. The injured worker also complained of limited weight bearing activity. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also note pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of the pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. The MTUS guidelines also indicate the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of clinical documentation indicating the efficacy of the requested medication. Additionally, the provider did not provide an adequate pain assessment. There is also a lack of functional improvement indicated in the clinical documentation provided. Therefore, the request for pharmacy purchase of Tramadol HCl tablets 50 mg, #60 is non-certified.