

Case Number:	CM14-0009118		
Date Assigned:	03/03/2014	Date of Injury:	05/25/2005
Decision Date:	07/03/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine 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 male who has submitted a claim for low back pain, associated with an industrial injury date of May 25, 2005. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 12/19/2013, showed chronic back pain described as burning in character which radiated to his right leg. Physical examination revealed tense muscles on the low back with limited range of motion. Treatment to date has included spine surgery and medications which include Tramadol since 2013. Utilization review from 12/17/2013 denied the request for the purchase of Tramadol HCL 50mg #180 because the current guidelines did not recommend its long-term use.

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 50 MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids Page(s): 79-81.

Decision rationale: According to pages 79-81 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not

supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on Tramadol since August 2013. However, the patient continued to experience worsening low back pain with no documentation of pain relief with opioid use. In addition, there is no improvement of the functional activities noted. The guidelines require clear and concise documentation for continuing opioid management. Therefore, the request for a pharmacy purchase of Tramadol HCL 50mg #180 is not medically necessary.