

Case Number:	CM14-0009520		
Date Assigned:	02/14/2014	Date of Injury:	09/21/2013
Decision Date:	07/17/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

Patient is a 43-year-old, who has submitted a claim for lumbar spine herniated nucleus pulposus, insomnia, anxiety disorder, stress and history of GERD (gastroesophageal reflux disease) associated with an industrial injury date of September 21, 2013. Medical records from 2013 were reviewed which revealed intermittent low back pain. His pain was rated 5-6/10 without medications and reduced to 1/10 with medications. He continued to have symptoms of stress and anxiety as well as difficulty falling and staying asleep. Physical examination of the lumbar spine revealed point tenderness over spinous process. Range of motion was limited due to pain. Treatment to date has included, physical therapy and chiropractic sessions. Medications taken include, Tramadol, Diclofenac Sodium, Omeprazole and Mirtazapine. Utilization review from December 27, 2013 denied the request of Tramadol 50 mg because medical necessity of the request remained unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TRAMADOL 50MG, 1 TABLET TWICE A DAY, OR 1 TABLET EVERY DAY AS NEEDED, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient was prescribed Tramadol since September 27, 2013. Progress report dated November 13, 2013 mentioned that pain reduced from 5-6/10 to 1/10 with the use of his medications. In addition, he requires medications in the maintenance of his activities of daily living. Furthermore, no adverse effect was noted. Medical necessity was established. The request for Tramadol 50 mg, sixty count, is medically necessary and appropriate.