

Case Number:	CM14-0009817		
Date Assigned:	02/21/2014	Date of Injury:	08/20/2011
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/17/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 45-year-old female who reported an injury on 08/20/2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included medications, physical therapy, at home exercise program, and cognitive behavior therapy. The injured worker was evaluated on 12/12/2013. It was documented that the injured worker had low back pain radiating in the bilateral lower extremities rated at an 8/10. It was documented that the injured worker's medications included hydrocodone/acetaminophine, naproxen, pantoprazole, and tramadol 150 mg. Physical findings included restricted range of motion secondary to pain with tenderness to palpation of the paravertebral musculature with spasming and muscle banding noted. The injured worker's diagnosis included lumbosacral or thoracic neuritis/radiculitis and spinal stenosis of the lumbar region. The injured worker's treatment plan included continuation of medications and cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 150 MG QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; Tramadol (Ultram) Page(s): 76-77; 113.

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

Decision rationale: The Chronic Pain Guidelines recommend that the ongoing use of opiates in the management of chronic pain be supported by the documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been taking the medication since at least 10/2013. The clinical documentation fails to provide an adequate assessment of pain relief to support functional improvement. The clinical documentation also fails to provide any evidence that the injured worker had been monitored for abnormal behavior. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request of tramadol hydrochloride 150 mg #30 is not medically necessary or appropriate.