

Case Number:	CM14-0106468		
Date Assigned:	07/30/2014	Date of Injury:	07/31/2002
Decision Date:	09/10/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 Interventional Spine 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 66 year-old female with the date of injury of 07/31/2002. The patient presents with pain in her neck, shoulders and lower back. The patient rates her pain as 4-5/10 on the pain scale with medication, and 7-8/10 without medication. The patient is currently taking Tramadol, Gabapentin, Meloxicam, Protonix, Laxacin, and KGL compounded cream. ██████████ requested Tramadol 50mg #60. The utilization review determination being challenged is dated on 06/10/2014. ██████████ is the requesting provider, and he provided treatment reports from 11/18/2013 to 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 22,68,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88-89.

Decision rationale: The patient presents with persistent pain in her neck, shoulders and lower back. ██████████ is requesting Tramadol 50mg #60. For chronic opiate use, MTUS

guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every six months, documentation of the 4A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Review of the reports from 11/18/2013 to 03/25/2014 only indicates that the patient was prescribed Tramadol 50mg once or twice a day for breakthrough pain. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Tramadol or how Tramadol has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Therefore, the request for Tramadol 50mg #60 is not medically necessary.