MAXIMUS Federal Services

Case Number:	CM14-0014129		
Date Assigned:	02/26/2014	Date of Injury:	03/05/1975
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 76-year-old male with a reported date of injury on 03/05/1975. The mechanism of injury was not provided. Diagnoses include intervertebral disc desiccation and sprained lumbar region. The progress report dated 12/16/2013 was handwritten and appears to note that the patient complains of pain to the lumbar spine at the L4 and L5 region. It also appears to note localized numbness. Objective findings included decreased range of motion of the lumbar spine, deep tendon reflexes were +2, and there was a positive straight leg raise on the left at 60 degrees. The treatment plan included an MRI of the lumbar spine and Tramadol 150 mg. The Letter of Appeal dated 01/08/2014 noted that the patient has been taking Tramadol for several years, and that it is the only medication that he has been taking. It was also noted that the patient was status post kidney transplant of unknown date and the other kidney was bad; this medication was safe to use for the kidneys. The Letter of Appeal dated 01/14/2014 noted that the requested medication affords him the capacity to manage his painful "execratory" episodes directed to his lower back. It was also noted that the patient had been successful in minimizing his dependency on opioids. The documentation provided also noted that the patient tested negative for Tramadol during urine drug screens on 01/23/2013, 07/10/2013, and 12/16/2013. The request for authorization form for pharmacy purchase of tramadol 150 mg #160 was not provided within the available documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TRAMADOL ER 150MG #160: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Central acting analgesics Page(s): 75.

Decision rationale: The California MTUS Guidelines state that Tramadol may be recommended for the treatment of chronic pain. The MTUS Guidelines also state that ongoing management of pain relief with opioids must include ongoing review and documentation of adequate pain relief, functional status, appropriate medication use, and side effects. In this case, there was a lack of documented objective evidence that the employee has benefited from the use of this requested medication to include pain relief measured by an approved pain scale and improvement in objective gains in function. Additionally, the employee had tested negative for this medication during multiple drug screening tests, while currently being prescribed the medication. Therefore, the request for Tramadol ER 150mg # 160 is not medically necessary and appropriate.