

Case Number:	CM14-0014670		
Date Assigned:	02/28/2014	Date of Injury:	03/07/2002
Decision Date:	08/04/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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:

Patient is a 45-year-old female who has submitted a claim for chronic lumbar strain associated with an industrial injury date of 3/7/2002. Medical records from 2013 were reviewed which revealed constant pain in her right hip, right upper leg and lumbar spine graded 8/10, 4/10 and 6/10 respectively. Pain radiated to her buttocks, hips and thighs associated with tingling, burning, throbbing, stabbing and stiffness sensations. Physical examination showed positive Patrick, Kemp and Straight leg raise tests. Weakness of right hip flexion was noted. Lumbar motion was decreased. Treatment to date has included physical therapy and chiropractic sessions. Medications taken include, Gabapentin, Norco, Tramadol, Vimoco and Zanaflex. Utilization review from 1/22/2014 modified the request for Tramadol 50 mg from #60 with 2 refills to #35 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60 with 2 refills: Upheld

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

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

Decision rationale: As stated on pages 79-81 of CA MTUS 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, the patient has been using Tramadol since 9/18/2012. However, quantified pain measures and functional status were not documented. Compliance measuring methods were also not evident based on the records submitted for review. Therefore, the request for Tramadol 50mg #60 with 2 refills is not medically necessary.