

Case Number:	CM14-0015439		
Date Assigned:	02/28/2014	Date of Injury:	11/02/2010
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 34 year old female who was injured on 11/02/2010 when she was struck by a door handle while she was walking backwards. PR2 dated 01/27/2014 states the patient complains of continued pain in her low back with radiation to her left leg at times. She reports the medications help with the pain about 30-40% and helps her to maintain her ADL's. On exam, there is tenderness to palpation of the lumbar paraspinal muscles. The patient is diagnosed with lumbar sprain/strain and lumbar discogenic syndrome and sacral ligament sprain/strain. Orthopedic note dated 10/08/2013 states the patient is taking omeprazole, ketoprofen, cyclobenzaprine, tramadol. She reports her symptoms have worsened since last examination. On exam, there is moderate paraspinal spasm in the lumbar region. Straight leg raise is positive bilaterally at 50 degrees. Deep tendon reflexes are 2+/4; motor and sensory status is grossly normal. Prior UR dated 01/29/2014 states the request for tramadol #60 and tramadol #90 is modified and approved for a supply of 60 tablets as per weaning protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60: Overturned

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, , 93-94

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Weaning of Medications Page(s): 74-75, 80, 124.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram[®] 1/2) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. The medical records have demonstrated relative benefit and the injured worker are noted that has had 30% to 40% pain control and help with her ADLs, using Tramadol. Therefore, the medical necessity of this request is established at this time per guidelines; Tramadol 50mg # 60 is medically necessary.

TRAMADOL 50MG #90: 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, , 93-94

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Weaning of Medications Page(s): 74-75, 80, 124.

Decision rationale: Since the request for Tramadol 50mg # 60 has been approved, the request for Tramadol 50mg # 90 is not medically necessary.