

Case Number:	CM14-0018309		
Date Assigned:	02/21/2014	Date of Injury:	06/12/2003
Decision Date:	06/26/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	02/13/2014

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 Oklahoma and Texas. 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 59-year-old female who reported an injury on 06/12/2003. The mechanism of injury was not provided. The diagnoses included status post fusion at L4-5 on 06/23/2011 and status post bone stimulator removal on 05/24/2012. Per the 01/23/2014 progress report, the injured worker reported increased pain in the left leg, as well as some right leg symptoms. Objective findings included tenderness to palpation of the lumbar spine and positive straight leg raising bilaterally. The injured worker was noted to have diminished sensation on the right L4, L5, and S1 dermatomes. The injured worker reported more difficulty with her activities. The injured worker's medication regimen included tramadol and Flexeril. The provider recommended she continue her medications and home exercise program. The Request for Authorization form was submitted on 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

Decision rationale: The California MTUS Guidelines state ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The medical records provided indicate an ongoing prescription for tramadol since at least 10/03/2013. The injured worker reported tramadol helped with her pain and allowed for increased level of function. There is a lack of documentation regarding significant pain relief and objective functional improvements to evaluate the necessity of continued use. There is also a lack of documentation regarding assessment for appropriate use and side effects. As such, the request is not medically necessary.