

Case Number:	CM14-0112355		
Date Assigned:	09/16/2014	Date of Injury:	02/03/2004
Decision Date:	10/15/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/17/2014

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 Pain 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:

The injured worker is a 67 year old male with a reported injury on 02/03/2004. The mechanism of injury was not provided. The injured worker's diagnoses included depressive disorder, anxiety disorder, pain disorder associated with both psychological factors and a general medical condition, chronic. The injured worker's past treatments included medications, injections at the knee, and chiropractic care. On the clinical note dated 03/06/2014, the injured worker complained of frequent pain 75% of the time. He received 1 to 2 hours of relief from pain medications, which gradually increased over the following 5 to 6 hours. He rated the pain 4/10. He rated the highest level at 8/10 with the lowest level being 0/10. He reported pain in his low back, middle back, upper extremities, neck, and shoulders, as well as headaches. The medical records did not provide that the injured worker had objective functional deficits. The injured worker's medications included Naproxen 500 mg twice a day, Tramadol 3 pills daily and Lidopro, frequencies and dosages was not provided. The request was for Tramadol/APAP 37.5/325 mg #60. The rationale for the request was not provided. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The request for Tramadol/APAP 37.5/325mg #60 is not medically necessary. The injured worker is diagnosed with depressive disorder, anxiety disorder, and pain disorder associated with both psychological factors and a general medical condition that is chronic. The injured worker complained of pain in the low back, middle, upper extremities, neck, and shoulders as well as headaches, rated 0/10 to 8/10. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend that opioids for chronic back pain be limited for short term pain relief not greater than 16 weeks. Tramadol is a synthetic opioid affecting the central nervous system. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. There is a lack of documentation that indicates the injured worker has decreased functional deficits. Additionally, the request does not indicate the frequency of the medication. As such, the request for Tramadol/APAP 37.5/325mg #60 is not medically necessary.