

Case Number:	CM14-0119531		
Date Assigned:	10/13/2014	Date of Injury:	08/20/2001
Decision Date:	12/31/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 58 year-old female with date of injury 08/20/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/16/2014, lists subjective complaints as pain in the lumbar spine. Objective findings: Examination of the lumbar spine revealed moderate tenderness to palpation at the lower lumbar spine and L3-L5 spinous processes. Range of motion was moderately decreased. Straight leg raising from sitting position was negative bilaterally. Positive Kemp's test bilaterally. Motor and sensory exams were intact. Diagnosis: 1. Lumbosacral spondylosis with myelopathy 2. Lumbar degenerative disc disease 3. Back pain 4. Sciatica 5. Radiculitis 6. Lumbar radiculopathy. The original reviewer modified the medication request to Tramadol 50mg, #200. The medical records supplied for review document that the patient had been taking the following medication for at least as far back as four months. Medications: 1. Tramadol HCL 50mg, #240 SIG: PO QID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #240/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of tramadol. Tramadol HCL 50mg #240/30 is not medically necessary.