

Case Number:	CM14-0120276		
Date Assigned:	08/06/2014	Date of Injury:	08/13/2002
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
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 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 62 year-old female with date of injury on 08/13/2002. The patient complains of pain in her low back, radiating down her lower extremities. The patient rates her pain at 6 to 7 out of 10 on the pain scale at most of times. The patient is currently taking; Albuterol Sulfate, Nebulization solution, HRT cream, Aloe liquid, Ultram, Multivitamins, Oregano and Olive Oil capsule, Synthroid, Noni juice, Omega-3 Fish Oil, Magnesium Carbonate Granules and Alka-Seltzer Pm. According to [REDACTED] report on 07/01/2014, diagnostic impressions are: 1) Post laminectomy syndrome, lumbar region 2) Lumbosacral spondylosis without myelopathy 3) Disc displacement with radiculitis-lumbar 4) Chronic pain syndrome 5) Obesity, unspecified 6) Unspecified hypothyroidism 7) Dietary surveillance and counseling 8) Pain in joint, shoulder region. The utilization review determination that is challenged is dated 07/17/2014. [REDACTED] is the requesting provider, and has provided treatment reports from 09/27/2013 to 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use: Therapeutic Trial of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (Page(s): MTUS 60,61).

Decision rationale: The patient complains of chronic low back pain with radiating symptoms in both of her legs. [REDACTED] is requesting Tramadol 50mg #540. Prior to prescribing any medication for pain, MTUS guidelines require first to determine the aim of use of the medication; second is to determine the potential benefits and adverse effects; third is to determine the patient's preference. Review of the reports from 09/27/2013 to 07/01/2014 showed no indication of any of three above. There are no reports that specifically discuss this request. All of the Physician's reports indicate that the patient has benefited from Ultram without any side effect. There are no specifics in terms of numerical scales, specific activities of daily living changes and no discussion regarding opiates management addressing adverse effects and behavior. With the lack of sufficient documentation, demonstrating efficacy from chronic opiate use, this request is not medically necessary.