

Case Number:	CM14-0122984		
Date Assigned:	08/08/2014	Date of Injury:	12/01/2010
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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 injured worker is a 47 year-old female who reported an injury on 12/01/2010. The mechanism of injury was not provided. On 04/14/2014, the injured worker presented with pain in the neck, shoulders and elbows. Upon examination of the lumbar spine, there was tenderness to the paraspinal muscles and the bilateral SI joints. There was mild guarding and a negative straight leg raise. The diagnoses were lumbar spine bilateral lower extremity radiculopathy, bilateral SI joint sprain, and cervical spine sprain/strain. A current medication list was not provided. Provider recommended tramadol 50 mg #120. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, present medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of a risk for aberrant drug abuse behavior and side effects. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.