

Case Number:	CM14-0163979		
Date Assigned:	10/07/2014	Date of Injury:	12/30/2003
Decision Date:	11/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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, and is licensed to practice in California and Washington. 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 39-year-old female who reported an injury on 11/01/2002. The mechanism of injury was not submitted for review. The injured worker has diagnosis of pain in joint of lower leg. Past medical treatment consists of the use of TENS unit, physical therapy, medication therapy. Medications include venlafaxine, Naproxen 500 mg, Pristiq, Flector, Tegaderm, tramadol, and Senokot. No urinalysis or drug screen was submitted for review. On 09/25/2014, the injured worker complained of back pain. Examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction. Range of motion could not assess secondary to guarding. Sensations are decreased to light touch along the left lower extremity, especially at the left lateral calf compared to the right lower extremity. Clonus was negative bilaterally. Straight leg raise was negative bilaterally. Medical treatment plan is for the injured worker to continue the use of tramadol 50 mg #120. The rationale and Request for Authorization form were 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 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Ultram) Page(s): 34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tramadol,Ongoing management Page(s): 82,93,94,113,78.

Decision rationale: The request for tramadol 50 mg #120 is not medically necessary. The California MTUS states analgesics drugs, such as tramadol, are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS recommends that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. An assessment showing what pain levels were before, during, and after medication administration should also be submitted for review. The submitted documentation did not include the efficacy of the medication, nor did it indicate that the tramadol with any functional deficits the injured worker might have had. There were no drug screens or urinalyses submitted for review indicating that the injured worker was compliant with medications. Furthermore, there was no indication of the injured worker having any adverse side effects with the medication. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.