

Case Number:	CM14-0164579		
Date Assigned:	10/09/2014	Date of Injury:	05/28/2013
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Medicine and is licensed to practice in North 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 with a reported date of injury of 05/28/2013. The patient has the diagnoses of lumbar strain and lumbar radiculitis. Per the most recent progress notes provided for review by the primary treating physician dated 01/23/2014, the patient had complaints of continued back pain with leg symptoms mostly on the right. The physical exam noted limited lumbar range of motion. Treatment plan recommendations included full return to work and follow up with [REDACTED]. A CT-myelogram dated 01/18/2014 showed mild disc bulge at L3/4 without stenosis and a disc bulge at L4/5 with mild right neural foraminal encroachment without nerve root compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management. The long-term use of this medication class is not recommended

per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. The most current physician progress notes provided for review are from 01/2014. In those notes there is no mention of the patient being on the requested medication. Since subsequent progress notes have not been provided, there is no way to assess improvement in function or pain on the medication. Therefore there is no way to confirm criteria for the long-term use of this medication have been met given that generally the ongoing use is not recommended per the California MTUS. Therefore the request for Tramadol ER 150 mg # 60 is not medically necessary.