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| Case Number: | CM14-0166902 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 12/03/2012 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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 Anesthesiology 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:

This is a 31-year-old male with a date of injury of 12/03/2012. The patients' diagnoses include lumbar sprain/strain, bilateral lower extremity radiculitis and facet arthropathy. The patient reports low back pain, neck pain, headaches, anxiety, memory and hearing loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Ultram 50mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91, 123.

Decision rationale: Tramadol is a synthetic opioid. The medical documentation does not indicate if this patient is currently taking, or has taken Tramadol for pain relief. According to the MTUS guidelines opioid therapy is recommended for short-term pain relief only after the patient has failed a trial of non-opioid analgesics. There is no clearly documented evidence of failure of a trial of non-opioid analgesics. According to MTUS Guidelines, if the patient fails to respond to a time-limited course of short acting opioids there is a suggestion of reassessment and consideration of alternative therapy. There is no clear documentation of current or past utilization of Tramadol

for pain relief. For on-going management with opioid medications recommendations include an assesment of current pain, least reported pain over a period since last assesment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is no documented evidence of clear, specific opioid pain evaluation and assesment. MTUS Guidelines also recommend consideration of a multidisciplinary pain clinic consultation if pain does not improve on opioids beyond what is usually required or does not improve in 3 months. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. Therefore, the above listed issue is considered NOT medically necessary.