

Case Number:	CM14-0174060		
Date Assigned:	10/27/2014	Date of Injury:	04/22/2013
Decision Date:	12/04/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/22/2014

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 Texas. 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:

Medical records reflect the claimant is a 32 year old female who sustained a work injury on 4-22-13. The claimant is status post L4-L5 decompression and fusion on 4-30-13. Computed Tomography (CT) of the lumbar spine on 3-11-14 shows the L4-L5 anterior and posterior fusion, interbody body graft within the trabecular bridging and normal disc space height noted. Hardware in good position and alignment. Mild to moderate stenosis at L3-L4 and L5-S1. Mild stenosis at L2-L3. Mild sacroiliac joint degenerative osteoarthritis. Flexion and extensions of the lumbar spine dated 3-11-14 showed no change in alignment with flexion and extension. The claimant is currently treating with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Tramadol

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or that she requires opioids at this juncture. The claimant is currently also using Norco. Therefore, the medical necessity of this request is not established. The request for Tramadol 50mg #84 is not medically necessary.