

Case Number:	CM14-0183169		
Date Assigned:	11/10/2014	Date of Injury:	07/17/2006
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency Medicine 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:

The injured worker is a 54-year-old male who reported an injury on 07/17/2006. The mechanism of injury was not provided. On 10/06/2014, the injured worker presented with low back pain and pain down the legs with intermittent numbness and tingling, more on the left than right. On examination, there was tenderness across the lumbar paraspinal muscles and pain with facet loading. There was a positive straight leg raise to the left. The diagnoses were discogenic lumbar condition status post 3 level foraminotomy and decompression with persistent MRI changes of disc wear from L2-S1 with anterolisthesis of the L4 and L5, and S1 radiculopathy noted bilaterally by EMG dated 2013. The provider recommended Tramadol. 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 ER 150 MG #30 per 8/21/14 Report: 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): 78.

Decision rationale: The request for Tramadol ER 150 mg with a quantity of 30 per 08/21/2014 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, there is a lack of documentation of treatment history and length of time the injured worker was prescribed tramadol. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established; therefore, the request is not medically necessary.

Tramadol ER 150 MG #30 for Next Visit per 8/21/14 Report: 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): 78.

Decision rationale: The request for Tramadol ER 150 mg with a quantity of 30 for next visit per 08/21/2014 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, there is a lack of documentation of treatment history and length of time the injured worker was prescribed tramadol. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established; therefore, the request is not medically necessary.