

Case Number:	CM14-0184388		
Date Assigned:	11/12/2014	Date of Injury:	12/14/2004
Decision Date:	12/30/2014	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational Medicine 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:

Patient is a 55 year-old female with date of injury 12/14/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/12/2014, lists subjective complaints as low back pain with radicular symptoms down the right leg. Objective findings: Examination of the lumbar spine revealed severe myofascial tenderness in the lumbar paraspinal muscles. Positive straight leg raising on the right. Reflexes were 2+ in the knees and 1+ in the ankles. Diagnosis: 1. Lumbar post-laminectomy syndrome. Original reviewer modified medication request to Tramadol 50mg, #68 for weaning purposes. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as eight months. Medications: 1) Tramadol 50mg, #90 SIG: one tab three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Tramadol 50mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management.

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

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of Tramadol. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient is reporting minimal, intermittent pain. There is no documentation supporting the continued long-term use of opioids. Prescription for Tramadol 50mg #90 with 1 refill is not medically necessary.