

Case Number:	CM14-0022203		
Date Assigned:	05/07/2014	Date of Injury:	03/21/2011
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 injured worker is a 32-year-old male who reported an injury on 03/21/2011 secondary to an unknown mechanism of injury. The injured worker was evaluated on 01/14/2014 for reports of lower back pain rated at 7/10. The exam noted lumbar paravertebral tenderness and restricted extension and side bending of the lumbar region due to pain. The diagnoses include lumbar facet syndrome, mechanical back pain, and lumbar disc disease. The treatment plan included continued tramadol and Advil and to followup in 1 month. The request for authorization and rationale for the request were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL TAB 50MG, #120, 30 DAYS SUPPLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for TRAMADOL HCL TAB 50 MG, #120, 30 DAYS SUPPLY is non-certified. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain

relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior, and side effects. Therefore, based on the documentation provided, the request for TRAMADOL HCL TAB 50 MG, #120, 30 DAYS SUPPLY is non-certified.