

Case Number:	CM14-0023379		
Date Assigned:	05/12/2014	Date of Injury:	04/05/2005
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Interventional Spine 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 patient is a 45 year old female with an injury date of 04/05/05. Based on the 01/13/14 progress report provided by [REDACTED] the patient complains of neck pain and low back pain that radiates to the right lower extremities. She rates her pain as a 3/10 with medications and a 7/10 without medications. The patient reports activity of daily living limitations in the following areas: activity, ambulation, sleep, and sex. [REDACTED] is requesting for Tramadol 50 mg #60, 30 day supply. The utilization review determination being challenged is dated 02/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG #60, 30 DAY SUPPLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: For long-term use of opiates MTUS guidelines require documentation of pain and function and a numeric scale or a validated instrument is required once every 6 months

to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, the treating physician only mentions pain scale without discussion of function and no outcome measures are documented as required by MTUS. The request is not medically necessary.