

Case Number:	CM14-0024591		
Date Assigned:	06/11/2014	Date of Injury:	05/09/2013
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 Nevada. 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 was injured on May 9, 2013. The mechanism of injury was not listed in these records (a fall was noted but no specifics to review). The most recent progress note indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion. Diagnostic imaging studies were completed, and no specific findings reported. Previous treatment included multiple medications, acupuncture and other conservative measures. A request had been made for tramadol and Flexeril and was not certified in the pre-authorization process Feb 26, 2014. An orthopedic consultation was completed in January, and a diagnosis of lumbosacral sprain/strain was made. No overt findings were noted on physical examination. A shoulder MRI was noted to have been completed in September 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG TAB EVERY 6 HRS PRN FOR PAIN #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 82, 113.

Decision rationale: The Chronic Pain Treatment Guidelines support the use of tramadol (Ultram) for short-term use, after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. When considering the date of injury, the reported mechanism of injury, the lack of any significant findings on physical examination and no improvement between the 2 separate orthopedic consultations, there is no objectification of any functional utility or efficacy of this preparation. As such, there is no data to support the medical indication for this prescription. The request is not medically necessary.