

Case Number:	CM14-0028840		
Date Assigned:	06/13/2014	Date of Injury:	10/07/2003
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/05/2014

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 Neurological Surgery 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 45-year-old female who was reportedly injured on October 7, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated December 4, 2013, indicated that there were ongoing complaints of cervical spine, right shoulder pain and lumbar spine pain radiating to the bilateral lower extremities. The physical examination demonstrated lumbar paraspinal tenderness and decreased lumbar range of motion. There was a positive left-sided straight leg raise at 20. There were diagnoses of cervical disc degeneration, lumbar disc disorder and a lumbar disc bulge. A urine drug screen, dated July 10, 2013, was consistent for tramadol but inconsistent for prescribed hydrocodone and on prescribed cyclobenzaprine. A request was made for tramadol and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM ER TRAMADOL HCL 150MG #90 (TO PERMIT WEANING OFF): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: For long-term opioid usage pain levels and functional improvement must be documented and compared to baseline. There should also be noted improvement in the injured employee's ability to function, return to work and ability to perform activities of daily living. According to the medical record, none of these issues have been addressed. There was also concern for aberrant behavior due to inconsistencies in a prior urine drug screening. For these multiple reasons, this request for tramadol is not medically necessary.