

Case Number:	CM14-0031032		
Date Assigned:	06/20/2014	Date of Injury:	04/14/2012
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 36-year-old female who reported an injury on 04/14/2012. The mechanism of injury was not provided. The clinical note dated 05/29/2014 noted the injured worker presented with cervical, thoracic, and lumbar spine pain that was moderate and frequent. Upon examination, there was spasm noted to the L5-S1, C2-7 on the right, and range of motion was restricted. There was a positive Kemp's test and a positive Soto hall's test. The diagnoses were cervical sprain/strain, disc displacement, headaches, thoracic sprain/strain with spasms, and lumbar sprain/strain. Previous treatment included massage, traction, spinal manipulation, and medication. The provider recommended Tramadol 50 mg with a quantity of 360. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Quantity: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. In this case, there is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risks for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Tramadol since at least 01/2013. The efficacy of the medication was not provided. The provider's request did not indicate the frequency of medication. As such, the request for Tramadol 50 mg, quantity 360 is not medically necessary and appropriate.