Case Number:	CM14-0032080		
Date Assigned:	06/20/2014	Date of Injury:	11/17/2013
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 28-year-old female who reported an injury on 11/17/2013. The clinical note dated 01/21/2014 noted the injured worker presented with low back pain that radiated down to the back of the leg. Prior treatment included physical therapy and medications. The motor strength was 5/5 and symmetric throughout the bilateral lower extremities, and sensation was diminished in the right L5 and S1 dermatomes in the lower extremities. The deep tendon reflexes are symmetrical at +2/4 in the bilateral lower extremities, but 1/4 in the right ankle. The diagnosis was lumbago. The provider recommended tramadol extended release 150 mg 1 time a day with quantity of 30 to allow for weaning and discontinuation. 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 ER 150MG 1X A DAY #30 ALLOW I REFILL - FOR WEANING AND DISCONTINUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER.

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

Decision rationale: The request for Tramadol ER 150 mg one time a day with a quantity of 30, allow one refill is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. In the included medical documents, the injured worker states that the severity of the pain is rated 5/10 at best and 10/10 at worst. The average level of pain was 5/10. There is no numerical value for the average pain, intensity of pain, and the length of time it takes for pain relief while the injured worker is on the opioid. The injured worker has been prescribed tramadol since at least 02/2013. The efficacy of the medication was not provided. The provided medical documentation lacked evidence of the injured worker has failed to respond to non-opioid analgesics. The provider requested tramadol ER to allow for weaning and discontinuation, but there is no mention of the injured worker weaning from the medication or the treatment plan for weaning and discontinuation of medications. The provider did not include a frequency in the request. As such, the request is not medically necessary.