

Case Number:	CM14-0034741		
Date Assigned:	06/20/2014	Date of Injury:	08/07/2012
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 37-year-old female who reported an injury on 08/07/2012. The mechanism of injury was noted to be pulling a heavy reel from a forklift. Prior treatments were noted to be medications, chiropractic care, and physical therapy. Her diagnosis was noted to be lumbar radiculopathy. The clinical evaluation on 02/12/2014 noted the injured worker with thoracic and lumbar pain, more on the right than left. The physical examination noted tenderness over the paravertebral muscles of the lumbar spine. Spasms were present. Range of motion was restricted. The deep tendon reflexes were normal and symmetrical. Sensation and motor strength were grossly intact. Straight leg raise was positive bilaterally. Medications were refilled as prescribed. The provider's rationale for the request was not provided within the documentation. A Request For Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Tramadol HCL 50 mg quantity 60 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide for domains that are relevant for ongoing monitoring of chronic pain, patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4As" (Analgesia, Activities of daily living, Adverse side effects and Aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. Pain assessment should include; current pain, the least reported pain over the period since last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The clinical evaluation on 02/12/2014 does not provide an adequate pain assessment. It indicates in the interim history that the injured worker claims her back pain continues and it is worsening on the right side within the thoracic and lumbar areas. The efficacy of Tramadol is not noted. Side effects have not been addressed. A current urine drug screen is not submitted with this review. The request for Tramadol fails to provide a frequency. Therefore, the request for Tramadol HCL 50 mg, quantity 60 is non-certified.