

Case Number:	CM14-0034831		
Date Assigned:	06/20/2014	Date of Injury:	09/04/2005
Decision Date:	07/24/2014	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 and Rehabilitation and Pain Medicine and is licensed to practice in 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 61 year old female who has a date of injury of 09/04/05. The mechanism of injury is not described. A review of the clinical records indicates that these are handwritten notes and difficult to interpret. The record suggests that the injured worker sustained injuries to her knee, neck, and low back. The records indicate that the injured worker has received Synvisc injections for her knee complaints. She is noted to have reduced lumbar range of motion with a positive straight leg raise on the left. The records suggest decreased sensation. The record includes a utilization review determination dated 03/05/14 in which a request for Tramadol ER 150mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Tramadol Page(s): 119. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter and formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opiates, Pages 74-80 Page(s): 74-80.

Decision rationale: The request for Tramadol ER 150mg #60 is not recommended as medically necessary. The submitted clinical records consist of a series of grossly illegible handwritten notes from which only limited information could be obtained. The record did include urine drug screens which indicate that the injured worker is taking Tramadol without evidence of other illicit drug use. The record provides no data regarding the efficacy of this medication in the treatment of the injured worker's chronic pain. As such, the request would not meet the California MTUS for continued use of opiate medications. Therefore, the request is not medically necessary.