

Case Number:	CM14-0038839		
Date Assigned:	06/27/2014	Date of Injury:	02/25/2002
Decision Date:	08/26/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 & Rehab 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 46-year-old male who reported an injury on 02/25/2002. The mechanism of injury was a fall. He was diagnosed with lumbosacral strain. His past treatments were noted to include physical therapy, a lumbar interbody fusion at L4-5 and L5-S1, and multiple medications. A 03/19/2008 Agreed Medical Examination indicated that the injured worker's symptoms included low back pain with radiation to the lower extremities. A physical examination revealed paralumbar muscle spasm, tenderness to palpation over the lower lumbar spine, decreased range of motion of the lumbar spine, and normal motor strength in the bilateral lower extremities. A medication list, treatment plan, rationale for the request, and request for authorization form were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tablets, 50 mg., Days supply: 15, Quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.4.

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

Decision rationale: According to the California MTUS Chronic Pain Guidelines, the ongoing management of patients taking opioids medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review failed to provide any recent documentation indicating the use and benefit of tramadol with evidence of pain relief verified by numeric pain scales, documentation regarding functional improvement with use of the medication, and documentation indicating whether the injured worker has demonstrated appropriate medication use. Further, the documentation did not provide any recent urine drug screens with consistent results to verify compliance and appropriate medication use. In the absence of recent documentation with the details listed by the Guidelines as required for ongoing use of opioid medications, the request for tramadol is not supported. In addition, the request failed to provide a frequency of use. For the reasons noted above, the request for Tramadol HCL tablets, 50 mg., Days supply: 15, Quantity: 90 is not medically necessary.