

Case Number:	CM14-0039384		
Date Assigned:	06/27/2014	Date of Injury:	09/10/1990
Decision Date:	08/05/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old female with a 9/10/90 date of injury, and status post cervical surgery 07 and status post lumbar surgery x 2 1996. At the time (3/4/14) of request for authorization for Tramadol 50 mg #120 with 5 refills, there is documentation of subjective (pain in the neck and low back, pain radiates to the right arm and bilateral legs and feet, pain rated 6-10/10) and objective (5-/5 muscle strength in the upper and lower extremities, midline cervical tenderness with palpation, tenderness over cervical facets, pain with cervical tilt and rotation, lumbosacral midline tenderness upon palpation and tenderness over facets) findings, current diagnoses (postlaminectomy syndrome lumbar and cervical), and treatment to date (medications (including Tramadol). 2/11/14 medical report identifies an opioid agreement. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Tramadol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 with 5 refills: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome lumbar and cervical. In addition, there is documentation of an opioid agreement. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50 mg #120 with 5 refills is not medically necessary.