

Case Number:	CM14-0040761		
Date Assigned:	07/02/2014	Date of Injury:	02/26/2007
Decision Date:	08/21/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational Medicine 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 patient is a 52-year-old male who has submitted a claim for lumbar disc disease, spinal stenosis - lumbar region and lumbar facet syndrome, associated with an industrial injury date of February 26, 2007. Medical records from 2013 through 2014 were reviewed which showed that the patient complained of intermittent low back pain radiating to the lower extremities, more on the left than the right. Physical examination of the lumbar spine showed tenderness. Range of motion (ROM) was also decreased. Treatment to date has included home exercise program, TENS, tramadol, menthoderm, tenspatch, acetadryl and Tylenol ES. Utilization review from March 6, 2014 denied the request for refill Tramadol 50 mg 1 po t.i.d. p.r.n, because the medical necessity for the continued prescribing of narcotic analgesic agent cannot be established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Tramadol 50 mg 1 po t.i.d. p.r.n: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medication for chronic Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Tramadol Page(s): 113.

Decision rationale: As stated on page 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is not recommended as a first-line oral analgesic. This medication has action of opiate receptors, thus criterion for opiate use per MTUS must be followed. In this case, the patient has been on Tramadol since July 2013 (13 months to date). However, records reviewed did not show any functional improvement or improvement in activities of daily living. Likewise, the records submitted did not show any baseline urine drug screen, which is recommended by the guideline prior to chronic opiate use. Quantity to be dispensed is likewise not specified. Therefore, the request for refill Tramadol 50 mg 1 po t.i.d. p.r.n is not medically necessary.