

Case Number:	CM14-0041231		
Date Assigned:	06/30/2014	Date of Injury:	07/15/2013
Decision Date:	08/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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:

This is a 54-year-old male with a 7/15/13 date of injury. The patient stated that his injury occurred when he was lifting a rock weighing approximately 90-100 pounds and injured his left lower back and hip area. He heard a loud snap in his back. According to a progress note dated 6/27/14, the patient presented with chronic low back pain. He noted numbness with prolonged sitting that radiated to the ankle, along the posterior aspect. He was currently taking Ultram ER for pain which he stated helped the pain temporarily. He stated that Gabapentin was helpful for the numbness in the right lower extremity. The patient had no abnormal findings and the diagnostic impression consisted of acquired spondylolisthesis. The patient's treatment to date includes medication management, activity modification and physical therapy. A UR decision dated 3/27/14 denied the request for Tramadol. A rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol 50mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In most of the notes reviewed, the patient stated that he continued to have pain rated 8-9/10, despite taking Tramadol. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or Controlled Substance Utilization Review and Evaluation System monitoring. Furthermore, according to the most recent notes reviewed dated 5/30/14 and 6/27/14, the patient is no longer taking Tramadol and is taking Ultram ER instead. Therefore, the request for 1 prescription of Tramadol 50mg #90 was not medically necessary.