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| Case Number: | CM14-0043829 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 07/12/2008 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 07/12/2008. The mechanism of injury was not provided. On 05/15/2014, the injured worker presented with complaints of pain to the lumbar spine that occasionally radiates down the bilateral legs and sides of the bilateral knees. He also reported complaints of numbness and tingling and sexual dysfunction. Upon examination, there was tenderness to percussion over the paraspinal musculature of the lumbar spine and decreasing range of motion. The diagnoses were spinal stenosis of the lumbar spine at L4-5 severe, compression fracture of the thoracic spine T12, degenerative disc disease in the lumbar spine, status post partial laminectomy lumbar spine, sexual dysfunction, and insomnia. The current medications included tramadol and amitriptyline. The provider recommended tramadol 50 mg. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Tramadol 50 mg # 90 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids (Criteria for Use); Weaning of Medications.

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

Decision rationale: The prospective request for one prescription of Tramadol 50 mg #90 with 2 refills is not medically necessary. The California MTUS Guidelines recommend the use of opiates for ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the prospective request for one prescription of Tramadol 50 mg #90 with 2 refills is not medically necessary.