

Case Number:	CM14-0052784		
Date Assigned:	07/07/2014	Date of Injury:	03/04/2002
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 68-year-old female with a 3/4/02 date of injury. The mechanism of injury was not noted. According to a 6/11/14 progress report, the patient reported having neck pain, as well as low-back, left buttock, and leg pain. Objective findings: examination of neck reveals 70 degrees of flexion, 70 extension, and tenderness at the right SI joint, straight leg raising is positive on the right side, negative on the left, deltoids are 5/5, and biceps 5/5, wrist flexors and extensors are 5/5. Diagnostic impression: anterior decompression and fusion cervical spine, lumbar radiculitis, right SI joint sacroiliitis. Diagnostic impression: anterior decompression and fusion, cervical spine, lumbar decompression and fusion with right sacroiliitis. Treatment to date: medication management, activity modification, cervical spine surgery. A UR decision dated 4/2/14 denied the request for tramadol. There is no documentation of lack of efficacy or contraindications for first-line therapy. Based on the currently available information, the medical necessity for this narcotic has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

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

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

Decision rationale: CA 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. According to a 4/1/14 progress report, the provider stated that he has been successful in getting the patient from the controlled substance Norco and Soma down to Flexeril and Tramadol. However, there is no documentation of significant pain relief or improved activities of daily living from the patient's use of Tramadol. Furthermore, there is no documentation of adverse side effects. Therefore, the request for Tramadol 50 mg #120 was not medically necessary.