

Case Number:	CM14-0055046		
Date Assigned:	07/11/2014	Date of Injury:	02/27/2006
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57-year-old gentleman was reportedly injured on February 27, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 25, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness along the lumbar paraspinal musculature and decreased lumbar spine range of motion. There was a positive left-sided straight leg raise and decreased sensation on the right side at L4 and L5. The physical examination of the right hand and right ankle noted a well-healed scar. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Tramadol ER and was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60 DOS 3/25/2014 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) treatment guidelines support the use of Tramadol ER (Ultram) for long-term treatment of moderate to severe pain after there has been evidence of failure of a first-line option and documentation of improvement in pain and function with the medication. Given the injured employee's date of injury, clinical presentation and current diagnosis, the guidelines do not support the use of this medication. As such, this request for Tramadol ER is not medically necessary.