

Case Number:	CM14-0055341		
Date Assigned:	07/07/2014	Date of Injury:	09/22/2010
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
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 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:

Patient is a 50-year-old female with date of injury 09/22/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/26/2014, lists subjective complaints as pain in the low back that radiates down the left buttock. Objective findings: Examination of the left and right lower extremities was all within the normal range for tenderness, instability, range of motion, strength and tone. Full strength and sensation were noted for bilateral lower extremities. Examination of the lumbar spine was positive for mild tenderness to palpation without spasm and limited range of motion. Diagnosis: 1. Spinal stenosis, lumbar 2. Thoracic/lumbar neuritis/radiculitis 3. Status post left L4-5, L5-S1 laminectomy. The medical records provided for review document that the patient has been taking Tramadol for at least as far back as one year. Medications: 1. Tramadol 50mg, #60 SIG: 1 tablet by mouth every 4-6hrs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Opioids for chronic pain (Chronic back pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 113 Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of tramadol; the medical records show that she has been taking tramadol for at least a year. Therefore, Tramadol is not medically necessary.