

Case Number:	CM14-0057345		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2010
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/28/2014

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 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:

The injured worker is a 40 year old male who reported an injury on 04/01/2010 due to an unspecified mechanism of injury. On 04/14/2014, he reported pain in the lumbar area rated at a 5/10. A physical examination revealed lumbar range of motion was abnormal at 45 degrees of true flexion, 10 degrees of extension, 15 degrees of right lateral flexion, 15 degrees of left lateral flexion, and 10 degrees of right and left lateral rotation. Pain was noted with lumbar spine range of motion testing. He had 2+ reflexes bilaterally, intact sensation, and 5/5 motor strength. Tenderness to palpation was noted over the lumbar paraspinals, thoracic paraspinals, and lumbar facet joints. Previous treatments included chiropractic therapy, physical therapy, and medications. It was stated that his pain was relieved by 50% and was functioning with the current pain reliever that he was utilizing. The treatment plan was for Tramadol 50 mg #180 per month however, rationale for treatment was not provided. The Request for Authorization was signed on 04/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #180 per month: 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 Opioids-ongoing management Page(s): 78.

Decision rationale: The request for tramadol 50 mg #180 per month is not medically necessary. Per the clinical note dated 04/14/2014, the injured worker's pain was noted to be relieved by 50% and he was noted to be functioning with the pain reliever he was taking. The California MTUS Guidelines state that an ongoing review of documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Pain assessment should include current pain, average pain, and least reported pain over the period since the last assessment, as well as intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Based on the clinical information submitted for review, the injured worker was noted to be taking tramadol for an unspecified length of time. It is unclear how long the injured worker has been utilizing this medication, as there was no previous clinical documentation to show efficacy and evidence objective functional improvement with this medication. There was a lack of documentation regarding a proper pain assessment, improvement in functional status, screening for appropriate medication use, and screening for side effects of the medication. In addition, the requesting physician failed to mention the frequency of the medication in the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, this request is not medically necessary.