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| Case Number: | CM14-0060687 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 07/22/2013 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 04/17/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

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 32-year-old male with a 7/22/13 date of injury. He was seen on 5/28/14 with complaints of chronic low back pain with radiculopathy, 5-6/10. He was originally started on Tramadol on 2/20/14. He currently takes 2 Tramadol daily to control his pain from an 8-9/10 to a 5-6/10. His exam findings revealed tenderness to the hips, paraspinal muscles, and flexion of the L spine at 46 degrees. Decreased sensation was noted over the plantar surfaces feet. His diagnosis is lumbar degenerative disease. Treatment to date includes: left S1-S2 TFESI (transforaminal epidural steroid injection), physical therapy, and medications. The UR decision dated 4/17/14 modified the request from Tramadol 50 mg to Tramadol 50 mg #63 as there was no evidence of a decrease in VAS of that the patient had demonstrated any functional gains while on the medication. The modification allowed for a taper as the patient had apparently been on 90 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL; OPIATES Page(s): 113; 79-81.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. 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. This patient was started on Tramadol in February 2014 and is noted to be taking 2 daily, which helped to decrease his VAS to a 5-6/10. This medication is helping the patient. The UR determination allowed for #63 tablets, which would be sufficient as the patient is taking 2 daily. In addition, there is no specific amount requested. Therefore, the request for Tramadol 50 mg is not medically necessary.