

Case Number:	CM14-0063309		
Date Assigned:	07/11/2014	Date of Injury:	09/10/2001
Decision Date:	08/26/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 49 year-old female who was reportedly injured on 9/10/2001. The mechanism of injury is noted as a trip and fall. The most recent progress note dated 7/9/2014, indicates that there are ongoing complaints of low back and hip pain. The physical examination demonstrated lumbar spine: decreased lumbar lordosis, limited range of motion with pain, positive tenderness to palpation bilateral lumbar and right hip. Bilateral straight leg raise is positive, bilateral Kemps test is positive. No recent diagnostic studies are available for review. Previous treatment includes medication, and conservative treatment. A request was made for tramadol 50mg, #90 and was not certified in the pre-authorization process on 4/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #90 Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines.

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line

option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary.