

Case Number:	CM14-0067165		
Date Assigned:	07/11/2014	Date of Injury:	04/16/2012
Decision Date:	08/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology and has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 22-year-old female who reported an injury on 04/16/2012 secondary to assisting a patient. The injured worker was evaluated on 03/25/2014 for reports of low back pain. The exam noted the lumbar range of motion to be within normal limits; however, pain was noted with extension and flexion. A positive Tinel's and reverse positive Phalen's test was noted to the left wrist. A positive median nerve compression test was noted to the bilateral wrists. The treatment plan included continued medication therapy. The rationale for the request was pain relief. The request for authorization was not found in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg One Table Daily #60: 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 Page(s): 74-95.

Decision rationale: The request for tramadol ER 150 mg 1 tablet daily #60 is non-certified. California MTUS Guidelines may recommend the use of tramadol for the ongoing management of chronic pain. The ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects should be evident. There is a significant lack of clinical evidence in the documentation provided of an objective assessment of the injured worker's pain level, evaluation of risk for aberrant drug use behaviors, and side effects. Therefore, due to the significant lack of clinical evidence of an objective assessment of the patient's pain level, risk for aberrant drug use behaviors, and side effects, the request for tramadol ER 150 mg 1 tablet daily #60 is non-certified.