MAXIMUS Federal Services

Case Number:	CM14-0070496		
Date Assigned:	07/14/2014	Date of Injury:	03/21/2003
Decision Date:	09/17/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old female was reportedly injured on March 21, 2003. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 14, 2014, indicates that there are ongoing complaints of low back pain and muscle spasms. Current medications include tramadol and Motrin. Pain is stated to be 9/10 without medications and 6/10 with medications. No focused physical examination was performed on this visit. A previous physical examination dated April 7, 2014, indicates mild tenderness along the paravertebral muscles of the lumbar spine. There was ambulation with a normal gait. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications and pain management. A request had been made for tramadol and was not certified in the pre-authorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #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 Page(s): 82, 113 of 127.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is 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, this request for tramadol is not medically necessary.