

Case Number:	CM14-0072380		
Date Assigned:	07/16/2014	Date of Injury:	05/07/1991
Decision Date:	11/07/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/19/2014

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 Internal 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:

The injured worker (IW) is a 64 year-old woman with a date of injury of May 7, 1991. Mechanism of injury was not described in the medical record. The medical records were limited to an office visit note provided by the treating physician dated July 13, 2013. Diagnoses include lumbar radiculopathy from work injury from degenerative joint disease and myofascial L4-L5 herniated disc status post laminectomy, insomnia, and anxiety and depression. Current medications include: Temazepan 20mg, Tramadol (refuses opioid therapy because of the potential addiction, habituation, tolerance, and rebound), and Effexor 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central Acting analgesics Page(s): 74-96.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Tramadol (a central acting opiate) is not medically necessary. The guidelines indicate central acting analgesics are effective in managing neuropathic pain. In this case, there is a single medical

review dated September 18, 2013. The review contains work status, work limitations of physical examination and diagnosis. The physical examination states lower back pain with limited range of motion. The remainder of the physical examination was unremarkable. The diagnoses state lumbar radiculopathy from work injury, L45 herniated disc, 1991 status post laminectomy, insomnia, anxiety and depression. The plan states Tramadol (refuses opioid therapy because of potential addiction, habituation, tolerance and rebound). Tramadol is a central acting opiate. It has the same potential side effect profile as all other opiates. Based on the medical documentation is unclear for how long and what other opiates the injured worker may have been taking. The request for Tramadol 50 mg #240 was dated April 4, 2014. The physical examination in the record dates back to September 18, 2013. There are no recent progress notes or medical evaluations in the medical record to make an informed decision. Based on the missing clinical information in the medical record and the peer-reviewed medical-based guidelines, Tramadol is not medically necessary.