MAXIMUS Federal Services

Case Number:	CM14-0080508		
Date Assigned:	07/18/2014	Date of Injury:	01/19/2000
Decision Date:	09/03/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 is a 45-year-old male who reported an injury on 01/19/2000. The mechanism of injury is unknown. Diagnoses include diabetes mellitus currently uncontrolled, hypertension, hyperlipidemia aggravated by uncontrolled diabetes mellitus, and orthopedic diagnosis. The past treatments included medications. The diagnostic studies were not provided. The surgical history was not provided. On 05/15/2014, the injured worker was seen for low back pain. Current medication list included Lisinopril 10 mg twice a day, Hydrochlorothiazide 25 mg daily, Metformin 1000 mg twice a day, Glipizide 20 mg daily, Lovastatin 20 mg daily, Ibuprofen, and Vicodin. The treatment plan was to continue current medications and receive a new prescription for Januvia 50 mg 1 tablet for diabetes since the injured worker was refusing to take insulin. He was advised to follow a strict diet. The request is for Tramadol ER 150 mg #60. The rationale was not provided. The Request for Authorization was dated 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93.

Decision rationale: The injured worker had a history of low back pain. The California Guidelines recommend Tramadol for moderate to severe pain. Tramadol is a synthetic opioid. The side effects from Tramadol include nausea, vomiting, and diarrhea. The ACOEM Guidelines suggest the use of Tramadol only as a second line of treatment since there is only limited assessment of their effectiveness neuropathic pain. The injured worker has been taking tramadol since 2012; however, there is no evidence of any significant quantifiable functional improvement for said medication. There is no medical necessity for Tramadol at this time. Tramadol also has gastrointestinal indications as a side effect. There is a lack of documentation of evidence of objective pain and functional improvement. The guidelines do not recommend for long time use. As such, the request is for Tramadol ER 150mg #60 is not medically necessary.