

Case Number:	CM14-0080567		
Date Assigned:	07/18/2014	Date of Injury:	10/10/2002
Decision Date:	09/17/2014	UR Denial Date:	05/12/2014
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 Occupational 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:

This is a 53-year-old female with a 10/10/02 date of injury. The mechanism of injury was not noted. According to a progress report dated 7/2/14, the patient complained of pain in her back and left lower extremity. She stated that with Tramadol, she has been able to do chores around the house including her ambulation activity and that her pain has been controlled. Objective findings: reflexes symmetric, toes are down going, weakness to knee extension, flexion, ankle dorsiflexion, and plantar flexion on the left side. Diagnostic impression: discogenic lumbar condition with radicular component and facet inflammation; element of anxiety, depression, and stress; knee inflammation on the left. Treatment to date: medication management, activity modification, chiropractic treatment, physical therapy, TENS unit. A UR decision dated 5/12/14 modified the request for Tramadol ER 150 mg from 30 tablets to 15 tablets for weaning purposes. A prior review on 4/8/14 initiated weaning due to lack of evidence of functional improvement and overall pain reduction. The records continue to reveal no further evidence of functional improvement with this opioid analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Overturned

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): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the progress note dated 7/2/14, the patient stated that with tramadol, she is able to do chores around the house including her ambulation activity and that her activities of daily living are dramatically improved. In addition, she stated that her pain has been controlled with the use of tramadol. Guidelines support the use of tramadol with documented pain reduction and functional improvement. Therefore, the request for Tramadol ER 150mg #30 was medically necessary.