

Case Number:	CM14-0082576		
Date Assigned:	07/21/2014	Date of Injury:	03/12/2003
Decision Date:	09/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 Minnesota. 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 patient is a 48 year-old female. The patient's date of injury is 3/12/2003. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with low back pain, hip pain, lower leg and upper leg pain. The patient's treatments have included chiropractors and medications. The physical exam findings, dated Aug 06, 2008 show a general examination of the back, with no tenderness to palpation about the c/t or L/S spine. Toe and heel walking and squatting performed without difficulty. Lower leg exam shows 5/5 motor strength in all large muscle groups. Homan's testing is negative. Straight leg test is negative in both seated and supine position. The patient's medications have included, but are not limited to, tramadol with Theramine. The request is for TheraTramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theratr tramadol Qty: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, 9th Edition (web), 2011-Medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), OCD, Chronic Pain-Medical Food.

Decision rationale: MTUS do not specifically mention the use of Theramine. Other treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TheraTramadol. The guidelines state that these are intended for a specific dietary management of a disease. According to the clinical documentation provided and current guidelines; TheraTramadol is not medically necessary and appropriate.