

Case Number:	CM14-0088397		
Date Assigned:	07/23/2014	Date of Injury:	07/26/2012
Decision Date:	09/24/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/12/2014

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 54-year-old female with a date of injury of 7/26/12. The mechanism of injury was due to repetitive motion. She is a driver and sits for long periods of time. She has a history of right buttock/hip, and groin/thigh pain of unclear etiology. It was noted on 3/20/14 the patient was on Norco and Mobic (handwritten and barely legible). On 5/6/14, she complained of worsening pain, 8-9/10 and constant. She stated she had physical therapy without benefit. The pain worsens with prolonged sitting. On exam there was marked tenderness of the right Si joint. There was full, painless range of motion of the thoracic and lumbar spine. The right lower extremity showed tenderness to palpations, and severe sciatic notch tenderness. The plan was to prescribe Ultram ER, Voltaren XR, and Protonix. The diagnostic impression is chronic pain and lumbar DJD. Treatment to date: MRI, physical therapy, medication management. A UR decision dated 5/17/14 denied the request for Tramadol 150mg #30. The Tramadol ER 150mg was denied because it was noted that the patient had been on Norco previously with no documentation of efficacy. Tramadol is a weaker analgesic than Norco, hence, the expectation of efficacy will be less. There was no documentation as to why tramadol was necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug list Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates 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. However, there is no documentation of functional improvement or continue analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of a CURES Report or an opiate pain contract. In addition, it is unclear if the patient is currently on Norco and Tramadol is added or the Norco was to be discontinued. Therefore, the request for Tramadol 150mg #30 was not medically necessary.