

Case Number:	CM14-0088970		
Date Assigned:	07/23/2014	Date of Injury:	05/19/2004
Decision Date:	09/08/2014	UR Denial Date:	05/16/2014
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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 67-year-old female who was reportedly injured on May 19, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 17, 2014, indicated that there were ongoing complaints of low back pain. Current medications include oxycodone, gabapentin, metaxalone, tramadol and tizanidine. The physical examination demonstrated an antalgic gait consistent with the injured employee's history of cerebral palsy. There was tenderness at the right sided sacroiliac joint, piriformis muscles and the right trochanteric bursa. Diagnostic imaging studies were not reported during this visit. Previous treatment included prior lumbar spine surgeries, Tai-Chi, chiropractic care, MFR. A request was made for tramadol/APAP and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tram/APAP 37.5-325mg dispensed #120: Upheld

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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82, 113 OF 127.

Decision rationale: Tramadol/APAP is a short-acting opioid combined with acetaminophen. The California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for tramadol/APAP is not medically necessary.