

Case Number:	CM14-0092901		
Date Assigned:	09/12/2014	Date of Injury:	07/31/2008
Decision Date:	11/14/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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 underlying date of injury in this case is 7/31/2008. The date of the initial utilization review under appeal is 6/3/2014. On 5/31/2014, the patient was seen in primary treating physician followup regarding a shoulder sprain, ankle sprain, and lumbar sprain. At that time the treating physician recommended refilling Naprosyn and Cymbalta and noted that based on a recent physician review the treatment plan was to continue weaning Vicodin which had been reduced already. Previously, on 9/16/2013, the patient was seen in primary treating physician followup regarding ongoing pain in the low back and the neck and right hip. Medications at that time included Tramadol, Norco, Cymbalta, Oleptro, and Silenor. The diagnoses included fibromyalgia, as well as lumbosacral radiculitis and trochanteric bursitis. The patient reported that medications were providing significant pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50mg, 1 tab by mouth every 6 hours as needed: 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 Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses the four A's of opioid management, emphasizing functional goals and functional improvement which should be documented as part of opioid treatment. The medical records do not meet these four A's of opioid management to discuss an indication or benefit of opioid use. At this time the requested tramadol is not medically necessary.