

Case Number:	CM15-0005712		
Date Assigned:	01/20/2015	Date of Injury:	07/27/2001
Decision Date:	04/03/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male who reported an injury on 07/27/2001. A prior request for tramadol and a 1 med panel had been declined as there was indication that the injured worker had previously utilized tramadol but had to discontinue the medication due to results of itching. The 1 medical panel was also declined based on no documentation of risk factors to suggest problems related to kidney or liver function while utilizing his medications. He had been treated for a chronic low back pain condition with associated symptoms of aching and occasional numbness down his left thigh. As of 11/2014, he rated his pain level as a 2/10 with significant improvement. He had proceeded with acupuncture therapy which was helping to reduce his symptoms and had also been utilizing Flexeril once a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325 mg, ninety count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, without having a current urine drug screen provided for review to confirm the injured worker had been compliant with his prior medication use, and without indication that this medication had been significantly effective in improving his overall functional ability and reducing his symptoms, ongoing use cannot be supported. Additionally, refills are not commonly supported with opioids without interval reassessment to assess the injured worker for medication compliance and overall effectiveness of the medication. However, without having confirmation of medication compliance with a current urine drug screen, a current signed pain contract, or a current pill count, ongoing use of the tramadol cannot be supported at this time. As such, the medical necessity has not been established.

One med panel: 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), Pain (Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/chem-panel/>.

Decision rationale: According to the online website titled LabTestOnline.org, chemistry panels sometimes are routinely ordered to determine a person's general health status. However, there is no indication that the injured worker necessitated any form of screening in regard to a liver or kidney function as he exhibited no symptoms to address abnormalities due to the current medication use. Therefore, after review of the clinical documentation, the one med panel was not considered appropriate testing at this time. As such, the medical necessity has not been established.