

Case Number:	CM15-0100934		
Date Assigned:	06/03/2015	Date of Injury:	05/19/2001
Decision Date:	07/02/2015	UR Denial Date:	05/17/2015
Priority:	Standard	Application Received:	05/26/2015

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

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 50 year old female who sustained an industrial injury on 05/19/2001. Current diagnosis includes major depression. Previous treatments included medications, psychopharmacotherapy, and low back surgery x3. Report dated 03/12/2015 noted that the injured worker presented with complaints that included ongoing pain. Pain level was not included. Mental status examination revealed depressed mood, depressed affect, she is angry, irritable and upset at the current situation. The treatment plan included continuing with current medications which included Lexapro, Wellbutrin, Ativan, Prilosec, tramadol, continue with psychopharmacotherapy, and re-evaluation in 4 to 6 weeks. Disputed treatments include a retrospective request for tramadol (DOS 03/12/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 50mg, #90 DOS 3/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient was previously taking Norco without significant relief, and was weaned off of medication likely due to increased tolerance. There is no clear rationale provided why Tramadol is prescribed, as it too, is a short acting opioid like Norco. Furthermore, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, the currently requested Tramadol, is not medically necessary.