

Case Number:	CM15-0010604		
Date Assigned:	01/28/2015	Date of Injury:	07/01/2007
Decision Date:	04/01/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 43-year-old male, who sustained an industrial injury, July 1, 2007. The mechanism of injury was not in the documentation submitted for review. The injured workers chief complaint was of low back pain. The injured worker was diagnosed with lumbar discogenic syndrome, cervical discogenic syndrome, thoracic sprain/strain and shoulder joint pain. The injured worker received the following treatments TENS (transcutaneous electrical nerve stimulator) unit, HEP (home exercise program), anti-inflammatory medications, LidoPro and gabapentin. On December 6, 2014, the primary treating physician requested a prescription for Tramadol 37.5/325 mg three times a day #90.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Steps before Initiating Therapy Page(s): 77.

Decision rationale: MTUS recommends that before initiating opioid therapy, the patient should set goals and the continued use of opioids should be contingent upon meeting these goals. The records in this case document subjective symptoms for which Tramadol has been prescribed but do not document specific functional deficits or functional goals to support the use of Tramadol rather than first-line non-opioid therapy. Therefore, treatment guidelines have not been met and this request is not medically necessary.