

Case Number:	CM15-0188733		
Date Assigned:	09/30/2015	Date of Injury:	08/04/2000
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/25/2015

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: Emergency Medicine

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 female individual who sustained an industrial injury on 8-4-00. The medical records indicate that the injured worker is being treated for lumbago; lumbar radiculitis; facet joint arthritis. She currently (7-23-15) complains of low back pain radiating down the right leg, no pain level was enumerated here. She has decreased sleep. She had an episode of neurosensory loss for 2 hours and was evaluated for this by primary treating physician. The physical exam of the lumbar spine revealed tenderness, spasms. Her pain level from 3-4-15 through 6-18-15 was 7-8 out of 10. Activities of daily living were not present. Diagnostics include MRI 2 weeks ago per 7-23-15 note with no results. Treatments to date include gabapentin, nortriptyline, omeprazole, methadone (since at least 3-4-15). The provider requested that the injured worker receive tramadol 50 mg #60 for pain on 8-11-15 and this seems to be the first time it was prescribed. The records were hand written and difficult to read. The request for authorization was not present. On 9-4-15 Utilization Review non-certified the request for tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient is chronically on Methadone. Note mentions that methadone has been denied by UR. Due to poor documentation, provider has completely failed to document rationale for tramadol. There is no rationale as to whether the provider was transitioning to tramadol or adding this onto current methadone regiment. Documentation fails to meet the appropriate documentation required by MTUS. Prior documentation prior to this request show no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Documentation fails all required MTUS guidelines for chronic opioid use. Poor documentation failed prior documentation criteria and the current documentation continues to fail guideline requirements to continue or initiate opioids. Tramadol is not medically necessary.