MAXIMUS Federal Services

Case Number:	CM15-0020639		
Date Assigned:	02/10/2015	Date of Injury:	08/12/1996
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/04/2015

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

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 55-year-old female who reported injury on 08/12/1996. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 12/12/2014. The documentation of 12/12/2014 revealed the injured worker had low back pain radiating to the lower extremity. The injured worker had lumbar paraspinal muscles tenderness to palpation. The injured worker had lumbar spine pain. The diagnoses included back pain, lower; and lumbosacral or thoracic neuritis. The treatment plan included tramadol 37.5/325. It was indicated the tramadol did not relieve the pain significantly. The treatment plan included tramadol 3 times a day and Terocin cream topical, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol 150 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker's pain was not relieved with the use of tramadol. There was a lack of documentation of objective functional benefit, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of tramadol 150 #60 is not medically necessary.