

Case Number:	CM15-0021861		
Date Assigned:	02/11/2015	Date of Injury:	12/03/2012
Decision Date:	04/06/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/05/2015

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 49-year-old female who reported an injury on 12/03/2012. The mechanism of injury was repetitive movement. Prior therapies included chiropractic care. The injured worker had an MRI of the cervical and thoracic spine. Surgical history was noncontributory. There was a Request for Authorization submitted for review dated 12/17/2014 for the medication tramadol. The documentation of 12/17/2014 revealed the injured worker had complaints of pain. The injured worker was utilizing tramadol 50 mg and indicated she had little to improvement with her symptoms with the use of the medication. The pain was noted to be 9/10. The rest of the document was blacked out.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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 was receiving no benefit from the medication. There was a lack of documentation of exceptional factors to support continuation of the requested medication. There was a lack of documentation indicating the necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg #90 is not medically necessary.