

Case Number:	CM15-0032415		
Date Assigned:	02/25/2015	Date of Injury:	03/16/1998
Decision Date:	04/22/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/20/2015

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: California

Certification(s)/Specialty: Family Practice

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 39-year-old male who sustained an industrial injury on 03/16/1998. Current diagnoses include prolapsed lumbar intervertebral disc, low back pain, disorder of trunk, and disorder of trunk-right. Previous treatments included medication management, lumbar decompression, and physical therapy. Report dated 01/19/2015 noted that the injured worker presented with complaints that included low back pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/26/2015 non-certified a prescription for Tramadol, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records, there is no documented functional improvement with the use of opioids. Therefore, the request is not medically necessary.