

Case Number:	CM15-0068734		
Date Assigned:	06/30/2015	Date of Injury:	01/18/2013
Decision Date:	08/28/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York
 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 69 year old female who sustained an industrial injury on 01/18/2013. Current diagnoses include lumbar spine sprain/strain, radiculopathy versus radiculitis, lumbar spine disc herniations, left hip arthralgia, and multi level disc herniations. Previous treatments included medications, acupuncture, aqua therapy, home exercise program. Previous diagnostic studies include a DEXA scan on 10/23/2014 and lumbar spine MRI on 10/28/2014. Report dated 02/09/2015 noted that the injured worker presented with complaints that included low back pain, left hip joint pain and discomfort, and right foot pain secondary to right foot fracture. Pain level was not included. Physical examination was positive for tenderness in the lumbar spine paravertebral area, left hip, and right foot. The injured worker is currently temporarily totally disabled. The treatment plan included refilling pain medications, physical therapy, home exercise program, pending QME evaluation, referred to another physician, EMG/NCV study for the lower extremities, and advised to buy a cane. Of note, some of this report was hard to decipher. Disputed treatments include Tramadol Hcl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list-Tramadol Page(s): 74-91 and 93-94.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The documentation submitted for review did not include the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of Tramadol Hcl. Finally, the request does not include the frequency or dosage. The request did not include dosing or frequency. Without the supporting documentation, the request for Tramadol HCL is not medically necessary.