

Case Number:	CM14-0116949		
Date Assigned:	09/16/2014	Date of Injury:	06/14/2013
Decision Date:	10/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York and North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee claims injury 6/14/13 and has cervicalgia and lumbago. He was originally injured when he slipped and fell backwards on his pick up truck, trying to remove garden equipment. His physician has prescribed Tramadol ER150 mg and the claimant requests an appeal of it's 7/8/14 denial. The amount was not specified. Utilization review suggested that 50 mg strength be dispensed, 60 tablets for one month in consideration that he had not been prescribed a short-acting narcotic first.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg qd; quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Tramadol ER is incomplete without a specified quantity. The majority of the records reviewed were pertaining to his shoulder complaints. . When reviewing the criteria for opioid use in the chronic pain guidelines of the MTUS, there is no evidence of an established treatment plan noted. There is note of Clinoril usage, but no other

review of medications tried. There is no consideration of whether the patient is likely to improve. There should be goals set, with the continued use of opioids dependent on meeting these goals before initiating therapy. When initiating therapy, short-acting opioids should be tried for intermittent pain, one medication at a time. Extended release preparations are helpful for continuous pain. The nature and consistency of the pain has not been made clear in this request. Evidence has not been submitted that address multiple requirements for narcotic use addressed in the MTUS. The Tramadol ER 150 mg is not deemed medically necessary , and hence denied.