

Case Number:	CM14-0139974		
Date Assigned:	09/10/2014	Date of Injury:	06/29/2006
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 injured worker is a 47-year-old male who reported an injury on 06/29/2006. The mechanism of injury was not provided. On 07/07/2014, the injured worker presented with frequent headaches, low back pain, and bilateral knee pain. Upon examination, there was a positive straight leg raise test bilaterally, and a positive Patrick's test. There was decreased sensation in the bilateral lower extremities from hip to medial ankle, and a positive facet loading test. There was weakness noted in the bilateral lower extremities on hip flexion, knee extension, and dorsiflexion. There was tenderness to palpation noted over the paraspinal muscles, as well as SI joint region. The bilateral knees were positive for moderate crepitus and tenderness to palpation diffusely. The diagnoses were lumbago, lumbar radiculopathy with failed back syndrome, history of lumbar spine fusion, and chronic pain syndrome. Prior therapy included medications. Current medications included tramadol, Norco, Elavil, and tizanidine. The provider recommended tramadol 50 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg Quantity: 60, 1 tablet as needed every 12 hours for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: The request for tramadol 50 mg with a quantity of 60, 1 tablet as needed every 12 hours for pain, is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. As such, medical necessity has not been established.