

Case Number:	CM14-0143856		
Date Assigned:	09/18/2014	Date of Injury:	04/18/1980
Decision Date:	10/27/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 patient is a 76 year-old male with date of injury 04/18/1980. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/06/2014, lists subjective complaints as pain in the low back. The patient's objective findings include an examination of the lumbar spine revealed normal range of motion without complain and functional spinal movements. The diagnosis includes degenerative intervertebral disc, site unspecified. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. The patient's medications consists of Tramadol ER 300mg QD, #30 SIG: take one tablet by mouth everyday.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 300 mg QD #30 x1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement

or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The records indicate that the patient is also taking Norco, a first-line treatment. Taking to narcotics is generally not recommended. Tramadol ER is not medically necessary.