MAXIMUS Federal Services

Case Number:	CM14-0154481		
Date Assigned:	09/24/2014	Date of Injury:	08/25/1998
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Emergency 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 injured worker is a 66 year-old female, who sustained an injury on August 25, 1998. The mechanism of injury is not noted. Diagnostics have included: August 13, 2014 lumbar x-rays reported as showing sold, stable fusion with L3-4 spondylolithesis. Treatments have included: lumbar laminectomy/fusion, medications, physical therapy. The current diagnosis is: spondylolithesis. The stated purpose of the request for Tramadol HCL tab 50 mg Qty: 130 was not noted. The request for Tramadol HCL tab 50 mg Qty: 130 was denied on September 4, 2014, citing a lack of documentation of derived functional improvement. Per the report dated August 13, 2014, the treating physician noted complaints of pain to the back with radiation to the legs. Exam findings included lumbar tenderness with restricted range of motion, positive bilateral straight leg raising tests, normal lower extremity sensation-motor strength-reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tab 50 mg Qty: 130: 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, On-Going Management, Opioids for Chronic Pain, Pages and Tramadol, Page(s): 78-82,.

Decision rationale: The requested Tramadol HCL tab 50 mg Qty: 130, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the back with radiation to the legs. The treating physician has documented lumbar tenderness with restricted range of motion, positive bilateral straight leg raising tests, normal lower extremity sensation-motor strength-reflexes. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract. The criteria noted above not having been met, Tramadol HCL tab 50 mg Quantity: 130 is not medically necessary.