

Case Number:	CM14-0161518		
Date Assigned:	10/07/2014	Date of Injury:	12/15/2005
Decision Date:	11/04/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 12/15/2005. The mechanism of injury occurred when he was catching a falling box. The diagnoses included cervicalgia, cervical disc degeneration, and joint pain in the shoulder. Past treatment's included medications. Diagnostic studies were not provided. Pertinent surgical history was not provided. The clinical note dated 07/14/2014 indicated the injured worker had chronic back pain. The most recent physical exam provided, dated 08/01/2012, revealed cranial nerves and strength in the upper and lower extremities intact. Current medications included tramadol and Norco. The treatment plan included tramadol HCL 60 mg, quantity 360. The rationale for the treatment plan was pain control. The Request for Authorization form was completed but not signed on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 60mg QTY: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

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

Decision rationale: The request for Tramadol HCL 60 mg, quantity 360, is not medically necessary. The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker had been taking the requested medication since at least 08/2012. There is a lack of any recent clinical documentation, including subjective complaints or physical exam findings. There is also a lack of documentation for the assessment of any non-adherent drug related behaviors through the use of urine drug screens. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the treatment plan cannot be supported at this time, and the request for Tramadol HCL 60 mg, quantity 360, is not medically necessary.