

Case Number:	CM14-0181613		
Date Assigned:	11/06/2014	Date of Injury:	03/10/2003
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/31/2014

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 & Rehabilitation and Pain 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 55-year-old female who reported an injury on 03/10/2003. The mechanism of injury was not provided. She is diagnosed with chronic low back pain. Her past treatments included medications. On 10/10/2014, the injured worker reported chronic low back pain with radicular symptoms to her lower extremities. Upon physical examination of her lumbar spine, she was noted to have a positive seated straight leg raise bilaterally. Her current medications include tramadol 50 mg x1 daily as needed and Lidoderm patch every 12 hours. The treatment plan included refill medications. A request for Tramadol 50 mg #90 was submitted. However, the rationale was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93 - 94, and 113.

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, ninety counts is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include

ongoing review and documentation of pain relief, functional status, appropriate medication use, aberrant medication risk and side effects. The injured worker has been taking tramadol since at least 11/2013. The documentation submitted for review does not indicate that the use of tramadol has helped her significantly with pain relief and increased ability to perform activities of daily living. There were no pain ratings provided at the time of her examination. Therefore, adequate pain relief and improved function have not been established. There were no urine drug screens provided, verifying appropriate medication use. Additionally, there was no mention if the injured worker had any side effects with medication use. Furthermore, the request does not indicate the frequency for taking the medication. Based on this documentation, continued use of tramadol would not be supported by the guidelines. As such, the request is not medically necessary.