

Case Number:	CM14-0183370		
Date Assigned:	11/10/2014	Date of Injury:	07/25/1997
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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 64-year-old female who reported an injury on 07/25/1997. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of chronic pain, involving the bilateral upper and lower extremities, neck and upper and lower back regions, type 2 diabetes, hypertension, sleep disorder, obesity, dyslipidemia, hypothyroidism, apparent osteoporosis and/or osteopenia, anxiety state, and depression. Past medical treatment consists of the use of a transcutaneous electrical nerve stimulation (TENS) unit and medication therapy. Medications include Percocet 10/325, Butrans patches 5 mcg, tramadol 50 mg, and zolpidem CR 12.5 mg. No diagnostics were submitted for review. There was no documentation of the injured worker's pain rate on visual analog scale (VAS), nor were there physical examination findings submitted for review. The medical treatment plan is for the injured worker to continue with tramadol 50 mg 1 tablet by mouth every 6 - 8 hours, with the quantity of 60 and a 30 day refill. The rationale or Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg tabs, 1 tab po q6-8h #60, 30 day fill, 0 refills, for break through pain, cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low

Back, Lumbar & Thoracic (Acute & Chronic), Neck & Upper Back (Acute & Chronic), Workers' Compensation Drug Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for tramadol 50 mg 1 tablet by mouth every 6 to 8 hours with a quantity of 60 is not medically necessary. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it helped with any functional deficits the injured worker might have had. Additionally, there were no assessments submitted for review indicating what pain levels were before, during, and after medication administration using VAS. Furthermore, there were no urinalysis (UAs) or drug screens submitted for review showing that the injured worker was compliant with MTUS recommended guidelines. Additionally, there were no objective findings submitted for review. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.