

Case Number:	CM14-0040696		
Date Assigned:	06/27/2014	Date of Injury:	10/26/2000
Decision Date:	08/18/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 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:

This is a 73-year-old male with a 10/26/00 date of injury. The mechanism of injury was not noted. In a 3/31/14 progress note, the patient was there for medication renewals. He denied there being any significant constitutional symptoms at that time. Objective findings: limited to vital signs, no significant findings on physical exam. Diagnostic impression: multilevel thoracic and multilevel lumbar spine degenerative disc disease, currently without progressive nerve deficit. Treatment to date include: medication management, activity modification. A UR decision dated 4/10/14 certified the request for Tramadol ER for a quantity of 90 tablets. A similar request for Tramadol ER was denied by UR determination on 3/20/14 due to lack of a supporting current report at that time. The report dated 3/31/14 is available for the current review and does provide information supporting the medical necessity for the requested Tramadol ER. The injured worker is retired and is a responsible patient that does not abuse or misuse medication. Without Tramadol he has decrease in overall comfort level, overall functional level and does not have the quality of life he has with the medication, he may take it once a day but some days he does not need it, usage is judicious.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 300mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A prior UR decision certified Tramadol ER 300 mg #90 for this patient. However, this request is for 180 tablets, which is a 6 month supply, and is excessive. It is documented in a 6/27/14 report that the patient is trying to keep his Tramadol usage down to 3 to 4 times a week. There is no rationale provided as to why this patient would require such a large quantity of medication based on his current usage of the medication. Therefore, the request for Tramadol ER 300mg, #180 is not medically necessary.