

Case Number:	CM14-0084930		
Date Assigned:	07/23/2014	Date of Injury:	07/22/1999
Decision Date:	10/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 68-year-old male who reported an injury on 07/22/1999. The mechanism of injury was not provided in the medical records. He was diagnosed with chronic low back pain. His past treatments were noted to include medications. On 04/28/2014, the injured worker was seen for followup regarding his low back pain. It was noted that he was stable on his medication which included tramadol, Amrix, and Aciphex. The documentation indicates that he has been taking tramadol since at least 09/06/2013. His physical examination was noted to reveal tenderness to palpation of the lumbar paraspinal muscles, positive trigger points, and decreased range of motion. It was noted that the injured worker was stable on his treatment program and medication regimen and he was given medication refills. A request was received for tramadol 50 mg tab 100. It was noted that medication refills were requested as the injured worker was stable on his current treatments and medications. Request for Authorization was submitted on 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG TAB 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, the continued use of opioid medications may be supported with documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker had been utilizing tramadol since 09/06/2013. He was noted to be stable on his medications. However, there was insufficient documentation of a detailed pain assessment with numeric pain scales with and without medications to establish adequate pain relief. In addition, the documentation did not address functional status, adverse side effects, or aberrant drug taking behavior. In addition, the documentation did not include a urine drug screen with evidence of consistent results to verify compliance. In the absence of this documentation, continued use of opioid medications is not supported by the evidence based guidelines. Additionally, the submitted request did not include frequency. For the reasons noted above, the request is not medically necessary.