

Case Number:	CM14-0110463		
Date Assigned:	08/01/2014	Date of Injury:	08/25/2005
Decision Date:	06/01/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old male who reported an injury on 8/25/05, the mechanism of injury was not provided. On 3/24/14, the injured worker presented with low back pain. The diagnoses were acquired spondylolisthesis, lumbosacral spondylosis, and sprain of the lumbar region. Upon examination, there was tenderness and decreased range of motion with guarding over the lumbar spine. 5/5 strength and reflexes within normal limits. X-ray of the lumbar spine performed on 3/18/14 revealed degenerative and postsurgical changes of the spine with no acute abnormality. The provider recommended Tramadol 50mg #60, which was dispensed on 6/9/14. There was no rationale provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol 50mg #60 dispensed on 6/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet), pages 78-80; Opioids, criteria for use, pages 93-94; Weaning of Medications, page 124.

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

Decision rationale: The retrospective request for Tramadol 50mg #60 (1 tab every 4 - 6 hours for pain) dispensed on 6/9/14 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. In this case, there is no information on treatment history and length of time the injured worker has been prescribed tramadol. The efficacy of the prior use of the medication was not provided to support continued use. There is no information on increased function or decreased pain. Additionally, there is no recent signed pain contract or urine drug screen test submitted for review. As such, this request is not medically necessary.