MAXIMUS Federal Services

Case Number:	CM14-0216008		
Date Assigned:	01/06/2015	Date of Injury:	05/28/2014
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/24/2014

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
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 patient is a 28-year-old female with an injury date of 05/08/2014. Based on the 07/14/2014 progress report, the patient complains of having pain on her left lumbar region. The 07/28/2014 report indicates that the patient has been working within the duty restrictions. The patient has been taking the medications and has not noted any improvement. No further positive exam findings were provided on this report. The 09/19/2014 report states that upon examination of the lumbar spine, the patient has diminished sensation over the bilateral L5 dermatomes. No additional positive exam findings are provided on this report. The patient diagnoses include the following: 1.Lumbar radiculopathy. The utilization review determination being challenged is dated 12/17/2014. Treatment reports are provided from 05/28/2014, 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase Tramadol 50 mg number sixty (60).: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with pain on her left lumbar region. The request is for TRAMADOL 50 mg #60. The patient has been taking tramadol as early as 06/25/2014. MTUS Guidelines pages 88 and 89 state, pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 06/25/2014 report says that the patient rates her pain as a 6/10 and her symptoms are alleviated by medications. The 06/30/2014 report states, Patient admits to unchanged symptomatology and no increase in function. The 07/14/2014 and 07/28/14 reports indicate that the patient has been taking the medications and has not noted any improvement has been working within the duty restrictions. The patient has been taking the medications and has not noted any improvement. The 09/19/2014 report states, the patient presents with no improvement in her symptoms. The patient does have modified work with the restriction of no lifting more than 30 pounds. Although the treater documents pain scales, not all of the 4 an are addressed as required by MTUS Guidelines. There is no discussion provided on any adverse side effects/aberrant behavior the patient may have had. The patient is currently working with modified duties. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance is not addressed. The documentation does not meet MTUS requirements. Therefore, the requested tramadol IS NOT medically necessary.