

Case Number:	CM15-0109073		
Date Assigned:	06/15/2015	Date of Injury:	04/22/1994
Decision Date:	07/20/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 female, who sustained an industrial injury on April 22, 1994, incurring upper and lower back injuries. She was diagnosed with cervical disc disease, cervical herniation, lumbosacral spondylosis, neuritis and myalgia. Treatment included pain medications, anti-inflammatory drugs, anti-anxiety medications, antidepressants and work restrictions. Currently, the injured worker complained of constant stabbing and throbbing pain in the lower back and cervical spine. She complained of numbing and tingling radiating to the upper extremities, lower extremities, neck and head. The pain was worsened by bending, prolonged sitting, repetitive movements, increased activity, and climbing stairs. Upon examination, there were noted muscle spasms of the spine and lower extremity cramping. The treatment plan that was requested for authorization included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 90, 1 three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 63-65; 74; 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested tramadol, is not medically necessary.