

Case Number:	CM15-0016454		
Date Assigned:	02/04/2015	Date of Injury:	10/01/2011
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/28/2015

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

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 43-year-old male who reported an injury on 10/01/2011 due an unspecified mechanism of injury. On 01/08/2015, he presented for a followup evaluation regarding his low back pain. He continued to complain of low back pain and right foot pain rated at an 8/10. He stated that his low back pain would radiate into the buttocks and radiate down 1 leg. He stated that his average pain level with his medications was a 1/10. His medications included tramadol HCl 50 mg, gabapentin 600 mg, hydrocodone 10/325 mg, lovastatin 40 mg, and "semfibrozil" 600 mg. A physical examination showed that he was in no acute distress. He was requesting his monthly medication refill. The treatment plan was for tramadol HCl 50 mg. The rationale for treatment was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 16-19, 74-97.

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

Decision rationale: The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The clinical documentation submitted for review does indicate that the injured worker had a quantitative decrease in pain with the use of his medications. However, there is a lack of documentation showing that he has had an objective improvement in function. Also, official urine drug screens or CURES reports were not provided for review to validate his compliance with this medication regimen. Furthermore, the frequency of the medication, and quantity, were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.