

Case Number:	CM15-0113228		
Date Assigned:	06/19/2015	Date of Injury:	10/02/2014
Decision Date:	07/20/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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: Preventive Medicine, Occupational 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 48-year-old male, who sustained an industrial injury on October 2, 2014. The injured worker was diagnosed as having lumbar sprain and enthesopathy of hip. Treatment to date has included medication, magnetic resonance imaging (MRI) and cane. A progress note from May 18, 2015 provides the injured worker complains of continued right hip and low back pain. He reports improvement of low back pain. Physical exam notes ambulation with a cane and favoring the right leg. There is lumbar and right hip tenderness with decreased range of motion (ROM). The plan includes surgical consultation, single point cane, Tramadol and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, sixty count, provided on May 18, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific recommendations to justify the use of opioids. The Guidelines recommend base line screening for drug related aberrant behaviors, specific documentation on how the opioid was utilized resulting in how much pain relief for how long, and specific documentation of functional support provided by the opioid. These standards are not met in association with the office dispensed Tramadol. Tramadol has been previously provided by the occupational clinic, but there is no Guideline recommends documentation that addresses its use. Under these circumstances, the Tramadol 50mg #60 dispensed on 5/19/ 2015 is not supported by Guidelines, it was not medically necessary.