MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

470
[redacted]

Dated: 12/27/2013

IMR Case Number:	CM13-0016691	**Date of Injury:**	05/28/2010
Claims Number:	[redacted]	**UR Denial Date:**	08/12/2013
Priority:	STANDARD	**Application Received:**	08/26/2013
Employee Name:	[redacted]		
Provider Name:	[redacted] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
PRESCRIPTIONS AND PHARMACY SUPPLIES			

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of May 28, 2010. A utilization review determination dated August 12, 2013 recommends certification for trazodone, naproxen, Effexor, and non-certification for Tramadol ER. Tramadol ER is recommended for non-certification due to lack of documentation of a pain contract, appropriate monitoring for adherence and compliance, urine drug screens, and benefit with treatment. A request for authorization dated July 26, 2013 identifies subjective complaints stating, "in terms of pain he has persistent low back pain. The patient has pain down the legs with numbness and tingling. He can only sit, stand, and walk for a short period of time. He rates his pain as 7 – 8/10 on a scale of 1 to 10. He is asking for a refill of his medication. He is still having difficulty sleeping and elements of depression for which is taking Effexor and trazodone with good relief." Objective examination identifies "He has tenderness along the lumbar paraspinal muscles and pain with facet loading. Gait is fluid and well-balanced. He is able to stand on toes and heels." Diagnoses include discogenic lumbar condition with radiculitis, insomnia, depression, G.I. irritation, sexual dysfunction, some weight gain, hernia of both groins, and umbilical hernia. Treatment plan recommends referral to pain management for injection, and continue medications. Patient’s medications include trazodone, naproxen, Effexor, tramadol, dendracin lotion, medrox, Prilosec, and tramadol ER 150 mg #30 "for pain for long-acting pain relief." An Agreed Medical reevaluation dated June 13, 2013 states "future medical care should be on an industrial basis, with the use of nonsteroidal anti-inflammatory medications (NSAIDs) and non-narcotic analgesics.

IMR DECISION(S) AND RATIONALE(S)

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

1. Tramadol ER 150mg, #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 – 9792.26 MTUS (Effective July 18, 2009) Page 76-79, 89, 93-94 of 127, which is part of the MTUS.

The Physician Reviewer's decision rationale:
Regarding the request for tramadol ER 150 mg #30, 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 tramadol ER is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested tramadol ER 150 mg #30 is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[redacted]

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