MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: Select Date

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/15/2013
Date of Injury:	7/7/2008
IMR Application Received:	8/9/2013
MAXIMUS Case Number:	CM13-0008975

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 Interventional Spine 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:

The IMR application shows the injury date as 7/7/08, and there is a dispute with the 7/12/13 UR decision. The 7/12/13 UR decision is for denial of tramadol for 5/20/13. UR stated it was a conditional denial because they did not receive the requested information about improvement in pain or function. The 5/20/13 report from Dr [redacted] states the pain is 7-8/10 in the low back, 5/10 neck and 6/10 right ankle.She has bilateral lower extremity radiculitis., cervical disc syndrome and right ankle sprain. As stated on our previous review, we were not provided with the 4/22/13 report, or any report from Dr [redacted] prior to 5/20/13. There is no indication the patient had been on tramadol or any medications prior to the 5/20/13 report. UR denied tramadol, and on the 7/29/13 follow-up report from Dr [redacted], it was noted the patient was only taking Vicodin. Her neck pain was 7-8/10, but low back and right ankle pain increased to 7-8/10.

IMR DECISION(S) AND RATIONALE(S)

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

1. Retrospective request for Tramadol 150mg #30 for 5/20/13 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence basis for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol, page 82 which is part of MTUS.

The Physician Reviewer's decision rationale:

There are no medical records available prior to the 5/20/13 request for tramadol. Based on the 5/20/13 report, there is no discussion of trial of first-line drugs, or indication that Tramadol was to be used in combination with a first-line drug. MTUS states tramadol is a second-line treatment, alone or in combination with first-line drugs. The request for tramadol on 5/20/13 is not in accordance with MTUS guidelines.

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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