

Case Number:	CM13-0007964		
Date Assigned:	12/18/2013	Date of Injury:	01/01/2006
Decision Date:	03/19/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/06/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient's mechanism of injury was described as continuous work trauma from January 2006 to August 2011. A progress report dated 5/13/13 identified subjective complaints of low back pain. Objective findings included positive straight leg-raising at 90 degrees. There was no tenderness. Motor and sensory function was normal. Diagnostic studies showed lumbar disc bulging and a T12 compression fracture. Diagnoses included lumbar strain with radiculitis and left shoulder impingement. Treatment has included shoulder arthroscopy on 5/14/13, as well as Tramadol and ibuprofen for at least six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tramadol 50mg three times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-83, 113.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. The California MTUS Guidelines state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects with chronic use of opioids. Pain

assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The guidelines also state that with chronic low back pain, opioid therapy appears to be efficacious but limited for short-term pain relief. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. The patient has been on opioids well in excess of 16 weeks. The guidelines further specifically state that Tramadol is not recommended as a first-line oral analgesic. In this case, there is no documentation of the elements of the pain assessment referenced above for needed for necessity of therapy beyond 16 weeks, or that other first-line oral analgesics have been tried and failed. Therefore, there is no documented medical necessity for Tramadol.

60 ibuprofen 800mg twice a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory (NSAID). NSAIDs have been recommended for use in osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Guidelines further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. Again, no one NSAID was superior to another. There is inconsistent evidence for the long-term treatment of neuropathic pain with NSAIDs. Precautions are listed related to side effects. There is no indication in the documentation provided for review that the therapy is for the short-term. Therefore, there is no documented necessity for ibuprofen.

90 Tramadol 50mg three times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-83, 113.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. The California MTUS Guidelines state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects with chronic use of opioids. Pain assessment should include: current pain; the least reported pain over the period since last

assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The guidelines also state that with chronic low back pain, opioid therapy appears to be efficacious but limited for short-term pain relief. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. The patient has been on opioids well in excess of 16 weeks. The guidelines further specifically state that Tramadol is not recommended as a first-line oral analgesic. In this case, there is no documentation of the elements of the pain assessment referenced above for needed for necessity of therapy beyond 16 weeks, or that other first-line oral analgesics have been tried and failed. Therefore, there is no documented medical necessity for Tramadol.