

Case Number:	CM13-0024328		
Date Assigned:	03/14/2014	Date of Injury:	06/28/2004
Decision Date:	04/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/13/2013

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. The expert 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 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/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 is a 36 year old female with an injury date on 06/28/04. According to the 08/19/13 progress report provided by [REDACTED], the patient's diagnoses include low back pain, right leg pain, and left arm pain. The patient's pain score was a 8/10 with an average of 9/10 over the preceding week. "Without pain medications patients pain score is 10/10 and with pain medications pain score is 8-9/10 (0 being no pain, 10 being the worst pain imaginable)." [REDACTED] is the requests the following: 1) Tramadol 50 mg #60 2) 1 NESP-R Program Consultation. The utilization determination being challenged is dated 09/05/13 and recommends denial of both the tramadol and the NESP-R program consultation. [REDACTED] is the requesting provider, and he provided treatment reports from 01/15/13- 12/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the 08/19/13 progress report, the patient presents with cervical sprain and strain, lumbar radiculopathy, chronic pain syndrome, myofascial syndrome, chronic pain related obesity, chronic pain related depression, and neuropathic pain. The request is for Tramadol 50 mg #60. The 08/19/13 progress report is the first report to mention a request for this medication. However, a 06/11/13 progress report indicates that traces of Tramadol were present in a Urine Drug Screen completed on 04/18/13. The request was denied by utilization review letter dated 09/05/13. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS further requires documentation of the four A's (Analgesia, ADL's, Adverse effects, Adverse behaviors). Under "outcome measure," MTUS also recommends documentation of 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. In this patient, while the provider states that the patient's pain is reduced from 10/10 to 8-9/10, there is no evidence that Tramadol helps with significantly improving the patient's ADL's and function. There is no discussion about the "outcome measures" listed above as require by MTUS guidelines. Recommendation is for denial.

1 NESP-R PROGRAM CONSULTATION: Overturned

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 Functional restoration programs Page(s): 49.

Decision rationale: Based on the 08/19/13 progress report, the patient presents with cervical sprain and strain, lumbar radiculopathy, chronic pain syndrome, myofascial syndrome, chronic pain related obesity, chronic pain related depression, and neuropathic pain. The request is for 1 NESP-R Program Consultation. NESP appears to stand for Nutrition, Emotional/Psychological and Social/Financial. This appears to be something that is similar to a functional restoration program. The provider states on 08/19/13 report that the patient would "benefit from the NESP-R program for narcotic detoxification and functional restoration." Review of the reports show that the patient is on several opiates and medications including several opiates, such as Norco and Tramadol, as well as Soma, Butrans, Trazadone, Generlac, and Gaba Calm. The request was denied by utilization review letter dated 09/05/13. According to the UR, "the patient displays negative predictors of outcome such as higher pretreatment levels of depression, pain, and disability and chronic opioid use." MTUS guidelines support functional restoration as well as detoxification programs to help manage difficult chronic pain patients. Given that this request is just for consultation, recommendation is for authorization.