

Case Number:	CM13-0036555		
Date Assigned:	01/15/2014	Date of Injury:	06/06/2011
Decision Date:	03/25/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, District of Columbia, Maryland, and 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 Is a 56-year-old female, who sustained an Industrial injury on 06/06/2011. The current medication request is for the prescription for Tramadol. MRI (magnetic resonance imaging) of the lumbar spine dated 11/15/2011 reveals: 1). No significant change since 06/09/09. 2). Multilevel mild to moderate facet arthropathy wnh associated ligamentum flavum hypertrophy remains stable. 3). There Is no central protrusion or any prominent broad-based disc bulge across the end plate margin causing acquired central stenosis. 4). Small lateral disc bulges do not result in nerve root compromise. More prominent far right lateral disc bulge at L3-4 contacts, but does not compress the exiting right L3 root. 5). There is now a small left lateral disc bulge at L4-5 without foramina! stenosis. 6). Stable large for vertebral body hemangioma at L2. On 06/12/2013, a prior request for Tramadol 50mg 1-2 tabs PO (by mouth) TID (three times a day) PRN (as needed) for breakthrough pain was modified to allow for one month supply for weaning purposes at the physician's discretion. Per the clinical report, the patient is being approved for Celebrex as [REDACTED] has stated that there is no history of heart disease, dyspnea, and hypertension. A progress note from [REDACTED] dated 08/26/2013, indicates that the patient presents for follow up. She states that her pain is currently located in the low back and bilaterally radiates to the legs. Without pain medication, the patient rates her pain 9/10; with medications she rates the pain 4/10. Current medications include Celebrex 200mg one tab p.o., Gabapantln 100 mg one tab p.o. TID, Tramadol 50mg one tab p.o. TID, and Norco 5-325mg one tab p.o. QID. The patient states that she is currently receiving more than 50% pain relief with current medications. The patient is requesting refills on current medications. She also states improvement in ADLs (Activities of daily living). She states that she had a left knee surgery on 08/09/2013 and Is currently taking Norco 5-325mg one tab p.o. QID. Objective findings Include

5/5 strength In the bilateral lower extremities, positive SLR (straight leg raise) on the left at 15-30 degrees, positive SLR on the right at 45-60 degrees, and mild to moderate pain with lumbar extension and flexion. Work status is per primary treating physician. A prior peer review dated 09/10/2013 recommended modifying the request for Tramadol 50 mg #180 to allow one refill for the purpose of weaning at the treating physician's discretion. A peer to peer teleconference was held with [REDACTED], who says he will consult with [REDACTED] before discontinuing Tramadol. He is aware of the patient's history of seizures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180 - 1-2 tabs 3 times per day, as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 80, 84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: With respect to prescription of Tramadol 50mg #180 1-2 tabs 3 times per day, as needed, the guidelines does not recommended this medication as well as other opioids as a first-line therapy for neuropathic pain. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). Also there is lack of documented improvement in function or reduction in pain symptoms with the use of this medication. The Official Disability Guidelines (ODG) recommends the lowest possible dose should be prescribed to improve pain and function. Per the records provided, the patient had a flare-up of pain instead. However, based on the clinical information submitted for review, the previous UR (utilization review) physician modified the request to Tramadol 50mg, #180 to allow for 30 days supply for weaning purposes. The request no in accordance with the guidelines. Therefore the request for Tramadol 50mg #180 , 1-2 tabs 3 times per day, as needed is not medically necessary.