

Case Number:	CM13-0039800		
Date Assigned:	12/20/2013	Date of Injury:	01/04/2007
Decision Date:	01/31/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/09/2013

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 Anesthesiology, has a subspecialty in Pain 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 is a 49-year-old female who reported a work-related injury on 01/04/2007; the specific mechanism of injury is not stated. The patient presents for treatment of the following conditions: Status post L4 to S1 discectomy, lower extremity radiculopathy and right knee injury. The patient's self-reporting questionnaire dated 10/01/2013 reports the patient's average rate of pain is at an 8/10. Clinical note dated 11/05/2013 documents the patient presents for follow-up of treatment under the care of [REDACTED]. The provider documents the patient is 5 months status post a lumbar discectomy. The patient reports increased pain to her low back and bilateral extremities. The patient has completed a course of postoperative physical therapy times 10 sessions. The provider documents the patient is also utilizing acupuncture therapies. The provider documented upon physical exam of the patient limited range of motion of the lumbar spine was evidenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg 360 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 78.

Decision rationale: The current request is not supported. The clinical notes failed to document that the patient reports positive efficacy with the current medication regimen. The patient reported increasing pain complaints to the lumbar spine and the bilateral extremities. The patient's self-reporting pain form dated from 10/2013 documented the patient's average rate of pain was 8/10. California MTUS state tramadol "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." Given the above, the request for 1 prescription of Tramadol 50mg 360 with 1 refill is not medically necessary or appropriate

1 prescription of Narcosoft #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient has had difficulty with constipation as a result of the medication regimen. California MTUS does support prophylactic treatment of constipation initiation while patients utilize opioids. However, without documentation of the patient's reports of efficacy with his current medication regimen, the request for 1 prescription of Narcosoft #60 with 1 refill is not medically necessary or appropriate.