

Case Number:	CM13-0042964		
Date Assigned:	12/27/2013	Date of Injury:	06/19/1997
Decision Date:	07/15/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/22/2013

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 Pain Management 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:

This is a patient with a date of injury of 06/19/97. A utilization review determination dated 10/10/13 recommends the modification of tramadol extended-release (ER) 100 mg #60 with three (3) refills to #30 with no refills. Kadian ER was certified. The 09/24/13 medical report identifies low back and right leg pain. He has had poor pain control since the spinal cord stimulator was removed. He has not been able to find alternative therapy to oral medications. He dropped out of the functional restoration program (FRP), because he could not afford transportation. He requests refill of medications and reports using medications as prescribed. Medications help to reduce the pain, but he has trouble doing activities that require bending, twisting, kneeling, stooping, and lifting. He has undergone regular urine drug screens (UDS) and has a signed controlled substance agreement. The patient has taken an active role in managing his pain by attending cognitive behavioral classes, learning appropriate exercise/movement, healthy nutrition, and lifestyle changes. The pain is currently rated at 7/10. On exam, no abnormal findings are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL EXTENDED-RELEASE (ER) 100MG, #60, WITH THREE (3) REFILLS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-79.

Decision rationale: The Chronic Pain Guidelines indicate that due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is noted pain relief with medications, although it is not clearly quantified. Here is documentation of consistent urine drug screens and a signed pain contract, and no intolerable side effects are noted. However, the documentation does not clearly identify specific functional improvement. Additionally, the patient is also utilizing Kadian extended-release (ER), and the concurrent use of multiple long-acting opioids is redundant. In light of the above issues, the currently requested tramadol extended-release (ER) is not medically necessary.