

Case Number:	CM13-0045815		
Date Assigned:	12/27/2013	Date of Injury:	07/01/1998
Decision Date:	02/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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 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 47-year-old male who reported a work related injury on 07/01/1998 as a result of a fall. The patient presents for treatment of the following diagnoses: Status post C5-6 and C6-7 anterior cervical discectomy and fusion as of 10/05/2011, right shoulder impingement acromioclavicular joint arthrosis, left knee chondromalacia, left knee internal derangement, L4-5 and L5-S1 herniated nucleus pulposus with radiculopathy, right wrist sprain/strain, status post right shoulder arthroscopy, depression/anxiety, and status post left knee arthroscopy. The clinical note dated 08/08/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient presents with significant lumbar spine pain and left knee pain. The provider documented the patient was a surgical candidate for an L4-5 and L5-S1 posterior lumbar interbody fusion. The clinical notes document the patient utilizes the following medication regimen: Cyclobenzaprine, Tramadol, Norco, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (extended release) 150mg #60: 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 documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of Tramadol ER 150 mg in addition to his Norco use status post a work related injury sustained in 1998. The patient presents with multiple body injury pain complaints. The requesting provider, [REDACTED], failed to document the patient's decrease in rate of pain on a VAS, and an increase in objective functionality as a result of utilizing this current medication regimen. Chronic Pain Medical Treatment Guidelines indicates Tramadol is a synthetic opioid affecting the central nervous system. Additionally, Chronic Pain Medical Treatment Guidelines indicates 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 all the above, the request for Tramadol ER 150 mg #60 is not medically necessary or appropriate.