

Case Number:	CM13-0054144		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2010
Decision Date:	03/12/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/31/2013

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. 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 44 year old male who suffered from cumulative trauma to his lumbar spine and bilateral knees. He attributed his injuries to his repetitive work duties. He was required to operate machines, carry and lift heavy wood planks and triply. The patient states he was also required to stand and walk prolonged periods of time. He would have to bend and squat repetitively. He would operate an electrical saw machine to cut several materials including heavy wood. The patient developed low back pain and bilateral knee pain which he reported on 9/15/2009. The patient was sent to an industrial injury clinic by his employer. He was prescribed pain medication and was recommended epidural injections to the lumbar spine. The patient returned to work with restrictions of no lifting more than 20 pounds. Conservative therapy visits were not provided initially. X-rays of his lumbar spine were obtained and he was seen two times by the company doctor thereafter for follow-up. Conservative therapy visits were then provided and completed for three months. After seeking legal counsel the patient was referred to another doctor who placed him on more pain medication and deemed him temporarily totally disabled. He completed more conservative therapy. Another MRI of his spine and right knee was taken. The MRI revealed herniated discs. The doctor recommended lumbar spine surgery and in June of 2011 the patient underwent spine surgery. He was treated postoperatively with therapy and completed 3 months of it. He was declared permanent and stationary in 2012. Presently the patient complains of frequent moderate to severe pain that was described as sharp pins and needles in his lumbar spine. The pain is aggravated by bending and sit-ups. The patient complains of occasional minimal pain that is described as aching in his bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

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

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

Decision rationale: With respect to prescription of Tramadol 50mg #90, 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.. 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 physician modified the request to Tramadol 50mg, #40/10 days for prn use for episodic exacerbations of severe pain. Evidence based guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects to support the medical necessity of opioid use beyond a timeframe associated with acute care. Within the medical information available for review, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore the request for Tramadol 50mg #90 is not medically necessary.