

Case Number:	CM13-0060821		
Date Assigned:	01/03/2014	Date of Injury:	04/07/2005
Decision Date:	05/08/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 & Rehabilitation and Pain Management; has a subspecialty in Interventional Spine 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:

The patient is a 49-year-old male with a date of injury of April 07, 2005. The patient's diagnosis include lumbar disk syndrome, left lower extremity radicular symptoms (decreased approximately 80% following fusion), intermittent right L5 radicular symptoms, hypertension (probably secondary to pain), depression, status post posterior lumbar interbody fusion (PLIF) at L4 to L5 and L5 to S1 on April 24, 2012, general fatigue, right wrist sprain/strain and left knee contusion. According to report dated September 26, 2013 by [REDACTED], the patient presents with complaints of continued low back pain that radiates into his bilateral lower extremity down to his feet. This patient does not note a benefit from his current pain medicine regimen. The patient's current medication includes Ultram ER 150mg, Ultram 50mg, Cymbalta 60mg, Atenolol 25mg, Lyrica 75mg, Voltaren gel, and amlodipine 50mg. The treating physician recommends that the Final Determination Letter for IMR Case Number [REDACTED] patient start physical therapy, proceed with an internal medicine evaluation, and continue with medications. IMR DECISION(S) AND RATIONALE(S) The Final Determination was based on decisions for the disputed items/services set forth below: 1. TRAMADOL 50MG, ONCE A DAY AS NEEDED FOR BREAK THROUGH PAIN, #30, IS NOT MEDICALLY NECESSARY AND APPROPRIATE. The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, page 76. The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Medication for Chronic Pain, page(s) 60, 61, Opioids, page(s) 88-89. The Expert Reviewer's decision rationale: This patient presents with complaints of low back pain that radiates into his bilateral lower extremity down to his feet. The treating physician is requesting a refill of Tramadol 50mg for breakthrough pain. For chronic opiate use, the California MTUS Guidelines require functioning documentation using a

numerical scale or a validated instrument at least once every six (6) months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, guidelines state that the measures of pain assessment that allow for evaluation of the efficacy and continuation include the current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Medical reports show that this patient has been on Oxycodone since at least June 13, 2013. In this case, reports from June 11, 2013 to September 26, 2013 provide generic statements of "improvement with pain and function" or "patient notes benefit from current pain medicine regimen." None of the reports discuss the use of Tramadol specifically. No reports show that this medication is doing anything significant for the patient in terms of pain or function. Therefore, recommendation is for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG, ONCE A DAY AS NEEDED FOR BREAK THROUGH PAIN, #30,:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain, Opioids, Page(s): 60, 61, 88-89.

Decision rationale: This patient presents with complaints of low back pain that radiates into his bilateral lower extremity down to his feet. The treating physician is requesting a refill of Tramadol 50mg for breakthrough pain. For chronic opiate use, the California MTUS Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six (6) months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, guidelines state that the measures of pain assessment that allow for evaluation of the efficacy and continuation include the current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Medical reports show that this patient has been on Oxycodone since at least June 13, 2013. In this case, reports from June 11, 2013 to September 26, 2013 provide generic statements of "improvement with pain and function" or "patient notes benefit from current pain medicine regimen." None of the reports discuss the use of Tramadol specifically. No reports show that this medication is doing anything significant for the patient in terms of pain or function. Therefore, recommendation is for non-certification.