

Case Number:	CM13-0063917		
Date Assigned:	12/30/2013	Date of Injury:	10/28/2011
Decision Date:	04/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/10/2013

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 Management 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 65-year-old male who reported an injury on 10/28/2011. The mechanism of injury was noted to be that the patient was lifting a 64 pound aluminum casting when he felt a sharp burning pain in his upper back. The documentation indicated that the patient had retired. The medication history included that the patient had been using Topamax since 06/2013 and Tramadol as of 09/13/2013. The physician indicated that the patient's pain was a 4/10 on the VAS with the medication, and the patient had no signs or symptoms or issues of aberrant behavior with the medication. The documentation submitted with the request was dated 10/11/2013. It revealed that the patient had no significant changes to his pain complaints. It was indicated that the Tramadol was helping the patient with his pain and did not cause nausea and vomiting as the buprenorphine had done that was previously prescribed. The patient's diagnoses were noted to include cervical disc displacement without myelopathy and displacement thoracic disease without myelopathy. The prescriptions were noted to be for a muscle relaxant, a PPI and Tramadol. The treatment plan included a functional restoration program and a Tramadol refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol/APAP 37.5/325mg #90 between 9/13/2013 and 1/5/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function and an objective decrease in the VAS score along with evidence that the patient is being monitored for aberrant drug behaviors and side effects. The clinical documentation indicated that the patient was being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the patient's pain was a 4/10. However, there was a lack of documentation of the patient's pain level prior to the medication usage. Additionally, there was a lack of documentation of an objective improvement in function. Given the above and the lack of documentation, the request for 1 prescription of Tramadol/APAP 37.5/325 mg #90 between 09/13/2013 and 01/05/2014 is not medically necessary.

1 Northern California Functional Restoration Program between 9/13/13/ and 1/5/14:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30 - 32.

Decision rationale: California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to indicate that the patient had baseline functional testing to support the necessity for a functional restoration program. The patient was noted to have retired. The request as submitted failed to indicate the duration and the hours being requested for the program. Given the above, the request for 1 Northern California functional restoration program between 09/03/2013 and 01/05/2014 is not medically necessary.