

Case Number:	CM13-0064954		
Date Assigned:	01/03/2014	Date of Injury:	05/14/2010
Decision Date:	11/07/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine 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 injured worker is a 53 year old female with a date of injury on 5/14/2010. As per the 11/1/13 report, she presented with pain in her back that had been worse without the narcotics. Objective findings revealed she moved slowly and appeared to have discomfort in her lower back. There was reduced range of motion in her lumbar spine, tenderness across the trapezius bilaterally, and discomfort with rotation of the lumbar spine. Current medications include baclofen, amitriptyline, amlodipine, valsartan, hydrochlorothiazide, Ultram, and Valium. The Toradol shot helped her for about 2 or 3 days. She felt that was a good improvement. She reported that she believed that maybe aspirin has helped her some, even more than the tramadol on some occasions. No other relevant information was documented. Diagnoses include chronic low back pain with L3-4 disk bulging and foraminal stenosis. The request for pharmacy purchase of tramadol 50mg (#240) was denied on 11/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TRAMADOL 50MG NUMBER TWO HUNDRED FORTY (240): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

Decision rationale: According to the California Medical Treatment Utilization Schedule guidelines, tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The California Medical Treatment Utilization Schedule guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers 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, a diverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) if the worker has returned to work and (b) if the worker has improved functioning and pain. In this case, the clinical information is limited and there little to no documentation any significant improvement in pain level and function with prior use. There is no evidence of return to work. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative methods of pain management such as home exercise program or modalities. Therefore, the medical necessity for Tramadol has not been established.