

Case Number:	CM13-0065211		
Date Assigned:	01/03/2014	Date of Injury:	02/16/2012
Decision Date:	05/21/2014	UR Denial Date:	11/13/2013
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 Physical Medicine & Rehabilitation 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 59-year-old female who was injured on January 25, 2012. Prior treatment history has included an electromyogram (EMG) and nerve conduction velocity (NCV), and cervical spine magnetic resonance imaging. Pain and Spine office note dated October 31, 2013 indicates that the patient rates the pain as 10/10 with zero being no pain and 10 being the worst pain possible. Since the last visit, her pain level has increased significantly. She states that the medications are less effective and her pain is worsening. She can barely walk and can hardly bend over. She has pain in her low back on the left side and it radiates down her hip/buttocks and into her leg. She has spasms in the left leg. She is taking Ultram ER and Ultracet and using topical analgesics and nothing is working. The patient is diagnosed with thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy and lumbago. The patient's medications, as of December 24, 2013 include Tramadol, Ultram and Zanaflex. A Pain and Spine office note dated December 24, 2013 documented that the patient is diagnosed with lumbago, lumbar disc displacement without myelopathy, and thoracic or lumbosacral neuritis or radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG, #60, (RX: 10/31/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria For Use Page(s): 75-94.

Decision rationale: According to the California MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system and it is indicated for moderate to severe pain. Further guidelines indicate, that four 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 nonadherent) 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). In this case, records indicate that this patient has chronic lower back pain and has been prescribed this medication chronically. However, there is no evidence of objective functional improvement or reduction in pain level with the use of this medication. Instead there is evidence that her pain level has increased from 5 to 10/10 since July 2013 with the use of this medication. Also, guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. There is no documentation submitted that a urine drug screening was performed. Thus, the request for Tramadol ER 150mg is not medically necessary.

TRAMADOL 50MG, #60, TWICE DAILY (RX: 10/31/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria For Use Page(s): 75-94.

Decision rationale: According to the California MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system and it is indicated for moderate to severe pain. Further guidelines indicate that four 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 nonadherent) 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). In this case, records review indicates that this patient has chronic lower back pain and has been prescribed this medication chronically. However, there is no evidence of objective functional improvement or reduction in pain level with the use of this medication. Instead there is evidence that her pain level has increased from 5 to 10/10 since July 2013 with the use of this medication. Also, guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. There is no documentation submitted that a urine drug screening was performed. Thus, the request for Tramadol 50mg is not medically necessary.