MAXIMUS Federal Services

Case Number:	CM13-0068319		
Date Assigned:	04/09/2014	Date of Injury:	09/19/2011
Decision Date:	06/12/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology and Pain Medicine 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 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 48 year old male who reported an injury on 09/19/2011. The mechanism of injury was reported as running with a backpack blower on hills. Per the 11/07/2013 clinical note, the injured worker reported pain rated at 9/10 with difficulty driving and performing home exercises. Physical exam findings included reduced range of motion of the cervical spine without erythema at the sites of the cervical and left T6-7 epidural blocks performed on 10/29/2013. The provider noted there was no obvious radiculopathy. The diagnoses included thoracic pain, cervical sprain/strain, costobertebral osteoarthritis, thoracic disc degeneration, facet syndrome, cervical radiculopathy, thoracic radiculopathy, chronic pain, and low back pain. The injured worker's medication regimen included Lyrica 75mg, Naproxen 550mg, Trazodone 50mg, Flexeril 10mg, Norco 10/325mg, and Methadone 5mg. In the treatment plan, the provider started the injured worker on Tramadol 50mg, Tramadol ER 150mg, and Ambien 5mg. The request for authorization form was submitted on 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 91-94 and 76-80.

Decision rationale: The request for Tramadol ER 150mg #30 is non-certified. The CA MTUS guidelines state the following to obtain the recommended ER dose for patients currently on immediate release tramadol: calculate the 24-hour dose of immediate release tramadol and initiate a total daily dose of ER rounded to the next lowest 100mg increment (max dose 300mg/day). The injured worker was prescribed immediate release Tramadol 50 mg every 8 hours as needed; therefore, the 24-hour dose would be 150mg. Rounding down to the next lowest 100mg increment would give a recommended dose of 100mg for Tramadol ER. The current request of 150mg exceeds these recommendations. In regards to opioid management, the guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided do not demonstrate an adequate assessment of the injured worker's pain with his current medication regimen. There is also no documentation of functional improvement or side effects. It is unclear the rationale for adding Tramadol ER when the injured worker is already taking a long acting narcotic. As such, the request is not medically necessary or appropriate.