

Case Number:	CM14-0008304		
Date Assigned:	02/07/2014	Date of Injury:	05/14/2004
Decision Date:	06/23/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/22/2014

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 and Rehabilitation, 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 40 year old male with an injury date of 05/14/04. Based on the 11/06/13 progress report provided by [REDACTED] the patient complains of ongoing lumbosacral pain which he rates as a 7/10. The pain radiates to his right thigh. This 11/06/13 report continues to state that "At the L4-L5 level, MRI shows he has partial disc space collapse, moderate canal stenosis due to ligamentum of flavum hypertrophy in the presence of sub ligamentous disc herniation with some migration." He has mild-to-moderate foraminal stenosis bilaterally at both the L4-L5 and L5-S1 level. He also has point tenderness extending from L2 through L5 area with positive increased myofascial tone bilaterally. The patient's diagnoses include the following: 1.Chronic low back pain 2.lumbosacral strain/sprain 3.severe degenerative disc disease L4, L5, S1 [REDACTED] is requesting for Tramadol 37.5/325 mg one tablet three times per day. The utilization review determination being challenged is dated 01/06/14. The rationale is that there is no documentation of a drug screen or opioid contract. [REDACTED] is the requesting provider, and he provided treatment reports from 01/03/13- 02/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 37.5/325 MG ONE TABLET THREE TIMES PER DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain/ Opioids, Pages 76-80, Opioids-Criteria for the Use of Opioids, also Pages 74-95 and Page 124, Weaning of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TRAMADOL, 80 Page(s): 80, 82, and 84.

Decision rationale: According to the 11/06/13 report by [REDACTED], the patient presents with ongoing lumbosacral pain which radiates to his right thigh. The request is for Tramadol 37.5/325 mg one tablet three times per day. Review of the reports show the patient has been taking Tramadol since 05/29/13. The patient had 4 urine drug screens between 05/29/13 and 09/26/13 which all gave expected results. There were no pain scales provided or any indication of the impact Tramadol had on the patient. For long-term use of opiates MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, documentation is inadequate. No numerical scales are provided, and no specifics are provided regarding functional changes. Recommendation is for denial. The request is not medically necessary and appropriate.