

Case Number:	CM14-0102024		
Date Assigned:	07/30/2014	Date of Injury:	07/12/1975
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 and is licensed to practice in California and Washington. 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 69-year-old male with a reported injury of 07/12/1975. The mechanism of injury was not provided within the medical records submitted for review. The injured worker injured his neck, spinal cord, bilateral shoulders and knees, left hip, lungs, internal organs, and psyche. The injured worker was diagnosed with drug-induced constipation, failed neck surgery syndrome, failed back surgery syndrome, stenosis of the lumbar spine, stenosis of the cervical spine, degenerative disc disease - lumbar, degenerative disc disease - cervical, arachnoiditis of the lumbar, lumbar degenerative facet arthropathy, and epidural adhesions. The injured worker has had previous deep tissue massage, which he reported provided good pain control, and a home exercise program, moist heat and physical therapy. The injured worker had an examination on 02/10/2014 with complaints of a history of melanoma on the right abdomen. The injured worker's medication regimen consisted of Acetaminophen, Acyclovir, Amlodipine, Aspirin, Atenolol, Avodart, Claritin, Elavil, Imitrex, Kadian, Metformin, Nasacort, Omeprazole, Senokot, Simvastatin, Soma, Tamsulosin, Topamax, Triamcinolone cream, Ultram, and Zolpidem. There was not a more recent examination provided for review for a plan of treatment. The request for authorization was signed and dated on 06/11/2014, and it was noted that the injured worker has been on this medication for years. The requesting physician's rationale for the request is not indicated within the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCl 50mg #100 with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Tramadol HCL 50 mg #100 for 12 refills is not medically necessary. The California MTUS guidelines recommend ongoing review for patients using opioids, with documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. An adequate and complete pain assessment is not provided within the medical records. There is no indication that the physician adequately assessed for side effects. There is not a recent clinical note provided with detailed information pertaining to medication usage. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is no evidence that a urine drug screen was performed to assess for compliance with the full medication regimen. The request for 12 refills would not be indicated, in any case, as the efficacy of the medication should be assessed prior to each provision of additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Tramadol HCL 50mg is not medically necessary or appropriate.