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| Case Number: | CM14-0103644 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 06/26/2012 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/06/2014 |

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, Pain 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 39-year-old male who sustained an injury on 06/26/12. As per the report of 09/11/14, he complained of constant chronic L-spine pain described as aching, stabbing, burning, throbbing, and dull that persisted in the right pelvic and junction, radiated down the right buttock and extended down the ankle with tingling in the two lateral toes, rated at 5-8/10. L-spine exam revealed mild decreased lordosis with moderate tenderness in the right junction. There were moderate spasms in the paravertebral musculature on the left and slight in the right. There was definite atrophy of the right gluteus with moderately positive sciatic notch tenderness. MRI of the L-spine dated 08/27/14 revealed L5-S1 facet hypertrophy with mild proximal left neural foraminal narrowing and congenital narrowing of the spinal canal at L3-4, L2-3, and L1-2. EMG/NCV of BLE dated 12/18/13 revealed chronic L5-S1 radiculopathy on the right. Current medications include Flector patch and ConZip. Past treatment have included pain meds, NSAIDs, facet blocks, ESI, radiofrequency ablation and PT. Report of 03/12/14 indicated ConZip provided him relief of pain. ConZip 200 mg #30, 15 days supply was previously approved on 03/07/14 for weaning. Report of 08/13/14 indicated that he had difficulty tapering ConZip since he only gets 30 pills every 60 days. He has been taking tramadol since at least 03/14/13. Diagnoses include unspecified thoracic/lumbar neuritis/radiculopathy and lumbosacral spondylosis. The request for ConZip 200 mg #30, 1 per day, Q 6 hours was modified to one refill on 06/26/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ConZip 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline; Tramadol (Ultram; Ultram. Decision based on Non-MTUS Citation Official Disability Guidelines Pain; ConZip (tramadol ER); Opioids, criteria for use; When to Discontinue Opioids;

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75, 84, 113.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (ConZip: tramadol IR + ER) 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. Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol are reported to be effective in managing neuropathic pain. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. The CA MTUS Guidelines indicate "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 non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. There is no evidence of urine drug screen to monitor the patient's compliance. There is no evidence of return to work in this injured worker. There is little to no documentation of pain level (i.e. VAS) and function with prior use. Nonetheless, generic Tramadol 50mg is available and is more cost effective. Therefore, the medical necessity of Conzip has not been established per guidelines.