

Case Number:	CM14-0104956		
Date Assigned:	07/30/2014	Date of Injury:	02/23/2009
Decision Date:	12/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/08/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 year old male who had a work injury dated 2/23/09. The diagnoses include degenerative disc disease, lumbar spine, L3/L4, L5/S1, per MRI; hemangioma, lumbar spine, per MRI; sprain/strain, lumbar spine, chronic; radiculopathy, lumbar spine, clinically. Under consideration are requests for Tramadol 50mg (1 tab orally 3 times per day as needed) #90 with 2 refills. A 5/23/14 progress note states that the patient presents with complaints of pain in the lumbar spine at 8/10 on the subjective pain scale. He says that last night his pain was as high at 9/10 because he is out of his medications. He states that he did not sleep well and is very tired today. The patient's blood pressure is extremely high today. His normal blood pressure is in the 120's/80's. This blood pressure today is clearly the result of the patient's high levels of pain and the fact that he has not slept well. On examination, the patient has an upright posture and a non-antalgic gait, in spite of his high level of pain. The range of motion of the lumbar spine: flexion is 30/90 degrees; extension is 10/25 degrees; right lateral flexion is 15/25 degrees; left lateral flexion is 15/25 degrees, negative toe walk; positive heel walk. There is paraspinal tenderness to percussion. The treatment plan includes a refill of medications: Tramadol 50mg and Norflex each with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg (1 tab orally 3 times per day as needed) #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-80.

Decision rationale: Tramadol 50mg (1 tab orally 3 times per day as needed) #90 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on Tramadol since at least 2011. The documentation does not indicate a clear treatment plan or rationale for continued Tramadol usage. There is not documentation of significant functional improvement or improvement in pain from prior Tramadol use. The request for Tramadol 50mg (1 tab orally 3 times per day as needed) #90 with 2 refills is not medically necessary.