

Case Number:	CM14-0106984		
Date Assigned:	08/01/2014	Date of Injury:	05/30/1997
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Illinois. 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 55 year old male who reported a date of injury of 05/30/1997. The mechanism of injury was not indicated. The injured worker had diagnoses of recurrent disc herniation with radiculopathy, status post laminectomy and discectomy of the L4 and probable segmental instability at L4-L5. Prior treatments included the use of a morphine pump. Diagnostic studies were not included within the medical records received. Surgeries included laminectomy, discectomy and a bone stimulator with unspecified dates. The injured worker had an intrathecal morphine injection on 01/27/2014 as a test trial for possible placement of an intrathecal spinal narcotic injection pump system. The injured worker had complaints of neck pain with numbness of the arms bilaterally, low back pain, and moderate leg pain with numbness and tingling sensations. The clinical note dated 03/12/2014 noted the injured worker's range of motion in the lumbar spine showed 70 degrees of flexion, 20 degrees of extension, 30 degrees of left and right rotation and 50 degrees of left and right bending with pain and spasms in the low back. The injured worker had decreased sensation in the lumbar spine to pinprick and touch. The injured worker's range of motion of the neck showed 45 degrees of flexion, 30 degrees of extension and 45 degrees of rotation bilaterally. Medications included Fentanyl, Hydrocodone and Tramadol. The treatment plan included a referral for pain management. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG HCL DAYS 30 QTY 120-ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): PAGE 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Opioids, criteria for use Page(s): 80 78.

Decision rationale: The injured worker had complaints of neck pain with numbness of the arms bilaterally, low back pain and moderate leg pain with numbness and tingling sensations. The California MTUS guidelines indicate Tramadol is not recommended as a first-line oral analgesic. It is efficacious for chronic back pain but is limited for short-term pain relief, and long-term efficacy is unclear. The guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. 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 guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was noted to have been using Tramadol since at least 02/04/2014. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is also a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request as submitted did not specify a frequency of the medications use. As such, the request is not medically necessary.