

Case Number:	CM14-0108224		
Date Assigned:	08/01/2014	Date of Injury:	12/21/2000
Decision Date:	09/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/11/2014

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 Occupational 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 patient is a 64-year-old female who has submitted a claim for back pain, history of prior laminectomy at L4-L5; component of neuropathic burning pain, left leg; and non-industrial medical problems including obesity, diabetes, hyperlipidemia, DJD in both knees, hypertension, and history of elevated liver enzymes in the past associated with an industrial injury date of December 21, 2000. Medical records from 2014 were reviewed. The patient complained of persistent left-sided low back pain, rated 5-9/10 in severity. The pain radiates to the left leg. There was constant burning sensation in her leg with severe leg cramps at night. She gets severe spasms on her back at times and uses a cane for ambulation. Physical examination showed limited range of motion of the lumbar spine. Motor strength was intact. There was some altered sensory loss to light touch and pinprick at the left lateral calf and bottom of her foot. She ambulates with a limp on the left lower extremity. Deep tendon reflexes are +1 at the knees, absent in the left Achilles, and +1 in the right Achilles. Imaging studies were not available for review. Treatment to date has included medications, home exercise program, activity modification, lumbar laminectomy, and TENS unit. Utilization review, dated July 8, 2014, modified the request for 1 prescription of Tramadol 50mg #120 to 1 prescription of Tramadol 50mg #60 to continue the weaning process due to long term use and lack of evidence of objective or functional improvement associated with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94,113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been taking Tramadol since at least January 2014. Recent progress report dated June 23, 2014 state that there was 50% reduction in her pain and 50% functional improvement with medications versus not taking them at all. Medications include Tramadol, Lidoderm patch, and Dexilant. It was not specified how much pain relief and functional improvement Tramadol provided. Moreover, recent progress report also stated that urine drug screens have been appropriate. However, there was no documentation of said drug screens. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, previous utilization review dated May 9, 2014 has already initiated weaning of Tramadol for the patient and was asked to continue the process on another utilization review dated July 8, 2014. Therefore, the request for Tramadol 50mg #120 is not medically necessary.