

Case Number:	CM14-0010232		
Date Assigned:	02/26/2014	Date of Injury:	11/01/2011
Decision Date:	06/26/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/23/2014

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 37 year old female with a reported date of injury on 11/01/2011. The mechanism of injury occurred when she was assaulted by a student resulting in back pain and right leg pain. The progress note dated 12/11/2013 listed the diagnoses as post laminectomy syndrome lumbar region, sciatica, acquired spondylolisthesis, spinal sten lumbar region without neurogenic claudication, calf pain, lumbar spondylosis, lumbar radiculopathy, and lumbago. The injured worker underwent surgery on 07/26/2013 including a posterior spinal fusion, transforaminal lumbar interbody fusion, lumbar discectomy, and instrumentation. The progress note also reported the injured worker's symptoms since surgery were unchanged. The injured worker rated her pain at 4/10 at the appointment, 4/10 at rest and 5/10 with activity. The request for authorization form was not submitted with the medical records. The request was for Tramadol/APAP 37.5/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL/APAP 37.5/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

Decision rationale: The request for Tramadol/APAP 37.5/325mg #180 is non-certified. The injured worker has been on opioids for at least 6 months. The California Chronic Pain Medical Treatment guidelines recommend opioids for neuropathic pain that has not responded to first-line recommendation (antidepressants, anticonvulsants). There are no trials of long-term use. The guidelines state the opioids used for chronic back pain appears to be efficacious but limited for short-term pain relief and long term efficacy is unclear (>16 week), and it also appears limited. There is no evidence to recommend one opioid over another. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. The guidelines recommend ongoing review and 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 injured worker has been on opioids for over 6 months and is taking multiple medications for pain. There is a lack of documentation regarding the efficacy of the medication as evidenced by functional improvement taking opioids. Therefore, the request is not medically necessary and appropriate.