

Case Number:	CM14-0011333		
Date Assigned:	06/11/2014	Date of Injury:	12/30/2002
Decision Date:	07/15/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology and is licensed to practice in Texas. 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 52 year old male who sustained an injury on 12/30/02 when he fell approximately five feet from a platform. The injured worker had prior spinal fusion in January of 2009. Post-operatively the injured worker developed worsening low back pain that was not controlled with physical therapy. The injured worker had a prior history of long term narcotics use and use of antidepressants. The injured worker also had ongoing issues with major depression. The injured worker had been followed by [REDACTED] for pain management. Previous toxicology reports noted inconsistent findings for Hydrocodone which was not an actively prescribed medication. The injured worker had prior positive drug screen findings for barbiturates and Methadone. The injured worker admitted to utilizing non-prescribed medications. A treating physician recommended a functional restoration program in August of 2013. Medications prescribed included Naproxen, Omeprazole, and Tramadol. The injured worker had polypharmacy issues with receiving prescriptions for Hydrocodone from multiple physicians and filling the prescriptions as often as every 15 days. A treating physician noted that Norco would not be prescribed by his office. The injured worker was continued on Tramadol 50mg two tablets three times daily for breakthrough pain as of September of 2013. As of 12/19/13 the injured worker reported severe pain in the lumbar spine 9/10 on visual analog scale. The pain was severe enough for the injured worker to be walking with a cane. There was substantially limited range of motion with positive stoop sign on physical examination. The injured worker ambulated with antalgic gait. Tramadol was continued at this visit and unchanged dose and frequency. The injured worker was unable to obtain anti-inflammatories or Omeprazole. The requested Tramadol 50mg #180 was denied by utilization review on 01/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Tramadol can be considered an option in the treatment of moderate to severe musculoskeletal complaints. Chronic Pain Medical Treatment Guidelines recommend that there be ongoing assessments regarding functional improvement and pain reduction obtained with the use of analgesics such as tramadol to support their ongoing use. From the clinical documentation submitted for review there is no clear indication the injured worker was able to obtain any functional benefits from the use of Tramadol. The injured worker was utilizing a substantial amount of Tramadol at 50mg two tablets three times daily. The injured worker was receiving other prescriptions for Norco from other physicians and was filling these prescriptions on a 15 day basis. Given the evidence of inconsistent drug inconsistent analgesic use and lack of documentation establishing that there was any significant functional benefit obtained functional benefit or pain reduction obtained with the continuing use of Tramadol, this medication is not medically necessary based on Chronic Pain Medical Treatment Guidelines.