

Case Number:	CM14-0019522		
Date Assigned:	04/23/2014	Date of Injury:	08/22/2012
Decision Date:	07/03/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/17/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 36-year-old female with a date of injury of 08/22/2012. The listed diagnoses per [REDACTED] are low back pain, bilateral leg pain, and bilateral hand pain. The most recent progress report is by [REDACTED] from 11/19/2013. This report indicates the patient presents with low back pain rated with an average intensity of 8/10 on the pain scale. The patient also presents with bilateral hand and bilateral leg pain. Medications include cyclobenzaprine 7.5 mg, gabapentin 600 mg, omeprazole 20 mg, EXOTEN, tizanidine, Colox, docusate sodium, tramadol 50 mg, and Imuhance. Treatment plan included refill of medications. Utilization review denied the request for tramadol 50 mg #60 on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- ACOEM:OMPG Chapter 7, Consultation Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Opioids, Page(s): 60-61, 78, 80-81, & 88-89.

Decision rationale: The request is for a refill of tramadol 50 mg #60. Medical file provided for review includes urine drug screens that are consistent with the medications prescribed. There is no discussion of Tramadol prior to the requesting date 11/19/2013. But it is clear the patient has been taking Tramadol prior to this date, as the treating physician recommends continuation of the medication. Page 78 of MTUS requires "Pain Assessment" that 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." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. A report dated 11/19/2013 requests a refill of Tramadol but provides no discussion on pain reduction or any specific functional improvement from taking Tramadol. The treating physician also does not provide any outcome measures as required by MTUS. Given the lack of sufficient documentation the patient should slowly be weaned off of Tramadol as outlined in MTUS Guidelines. The request is not medically necessary and appropriate.