

Case Number:	CM14-0111263		
Date Assigned:	08/01/2014	Date of Injury:	02/26/2007
Decision Date:	09/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/16/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old male with a 2/26/07 date of injury. At the time (5/17/14) of request for authorization for Tramadol/APAP 37.5/325 #90 w/ refill x1, there is documentation of subjective (continuous low back pain radiating to both legs) and objective (diffused tenderness over the lumbar area with decreased range of motion) findings, current diagnoses (lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, and lumbar spinal stenosis), and treatment to date (medications (including ongoing treatment with Tramadol since at least 1/4/14)). Medical report identifies that medications help control pain and improve activities of daily living. In addition, medical reports identify that there is ongoing opioid treatment assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325 #90 w/ refill x1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue and discontinue. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-80; 113 Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, and lumbar spinal stenosis. In addition, given documentation of ongoing opioid treatment assessment, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Tramadol that helps control pain and improves activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Tramadol/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol/APAP 37.5/325 #90 w/ refill x1 is medically necessary.