

Case Number:	CM14-0126984		
Date Assigned:	08/13/2014	Date of Injury:	11/21/2006
Decision Date:	10/09/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 27-year-old gentleman with a date of injury of 11/21/2006. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 12/19/2013 and 07/22/2014 indicated the worker was experiencing back pain that went into both buttocks and into the mid-back, right leg pain, insomnia, and weight gain. Documented examination described tenderness in the muscles along the spine, decreased motion in the back joints with bending forward, and positive testing involving raising a straightened leg. These records concluded the worker was suffering from a lower back bulging disk. Treatment recommendations included continued exercises and oral medications. A Utilization Review decision by [REDACTED] was rendered on 08/01/2014 recommending non-certification for tramadol HCl 50mg #60 with 6 refills. An AME report by [REDACTED] dated 01/18/2010 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The submitted and reviewed documentation indicated the worker was experiencing back pain that went into both buttocks and into the mid-back, right leg pain, insomnia, and weight gain. The member had been prescribed this medication at minimum since 2009. There was no description of the pain intensities with and without medications, altered function or quality of life with the pain regimen, or how frequently the worker required pain medications. There was no discussion of an individualized risk assessment, the presence of negative side effects, or how the worker benefitted from continued use of the pain medications. Further, the Guidelines stress active monitoring of outcomes over time. While the frequency should be individualized to the worker's needs, much can change clinically and in the availability of new treatments in six months. For these reasons, the current request for tramadol HCl 50mg #60 with 6 refills is not medically necessary.