

Case Number:	CM14-0132864		
Date Assigned:	08/25/2014	Date of Injury:	05/25/2008
Decision Date:	11/03/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 Texas and Ohio. 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 62-year-old male who reported an injury on 05/25/2008, reportedly when he slipped and fell while carrying a box of meat weighing approximately 80 to 90 pounds. The injured sustained injuries to his right knee when it struck the side of the iron door frame. The injured worker's treatment history included MRI studies, surgery, cognitive behavioral therapy, psychiatric management and medication, physical therapy, and EMG/NCV studies. It was documented on 12/24/2013, the injured worker has been on tramadol 50 mg 4 times a day. The injured worker was evaluated on 08/05/2014, and it was documented the injured worker complained of low back pain and right lumbar radicular symptoms. The injured worker had undergone a right L5 transforaminal epidural steroid injection, with 40% relief of his pain. The provider noted because of the injured worker ongoing lumbar radiculopathy continued pain, he is continuing the medication and needs refills on pain medications. The injured worker was taking Ultram 50 mg for treatment of low back pain and radicular pain. The worker was taking tramadol sparingly, only as needed, but the injured worker had run out and needs more medication. It was noted that his medications allow him to tolerate his pain and function in some capacity, ambulate at short distances with crutches, and some activities of daily living. His current acuity of his pain has been impeding function progress while awaiting evaluation and treatment. Physical examination revealed an antalgic gait and had to use bilateral crutches to ambulate. The injured worker was unable to sit upright and has to lean back. Lumbar spine active range of motion was severely limited in flexion and extension. He had exquisite tenderness over the right lumbar paraspinals as well as the quadratus lumborum. Pain was grossly 5/5 in the lower extremities and symmetric with the exception of breakaway weakness with hip flexion secondary to pain localized in the back and 4/5 weakness at the right EHL. The injured worker had a supine straight leg raise at 35 degrees. Medications included Lidoderm 5% patches, tramadol 50 mg,

omeprazole 20 mg, and tizanidine 4 mg. Diagnoses included lumbosacral radiculitis and depressive disorder. Request for Authorization dated 08/06/2014 was for tramadol ER 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 50 mg 1 tab three times per day as needed for pain #90 with 2 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, criteria for use and Tramadol Page(s): 78 and 113.

Decision rationale: The request for Tramadol ER 50 mg is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that Tramadol (Ultram) is a centrally-acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There was a lack of evidence of opioid medication management and a lack of documentation of average pain, intensity of pain, or longevity of pain relief. Additionally, there was a lack of evidence of outcome measurements of conservative care such as, medication pain management or home exercise regimen outcome improvements noted for the injured worker. In the documentation submitted, it was indicated the injured worker has been on Tramadol since 12/14/2013. Per the guidelines, Tramadol is not recommended as a first-line oral analgesic. Furthermore, there is no urine drug screen submitted to demonstrate opiate compliance for the injured worker. As such, the request for Tramadol ER 50mg 1 tab 3 times per day as needed for pain #90 with 2 refills is not medically necessary.