

Case Number:	CM14-0134739		
Date Assigned:	08/27/2014	Date of Injury:	11/13/2009
Decision Date:	11/05/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/21/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, 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 injured worker is a 57 year old male who reported an injury on 11/13/2009. The mechanism of injury was not specified. His diagnoses included degeneration of the lumbar or lumbosacral intervertebral disc and spinal stenosis of the lumbar region. He had an MRI on 01/08/2014. The note from 07/11/2014 showed that the injured worker was taking Tramadol 50mg 2 tablets as needed. The injured worker declined the epidural steroid injection because he was afraid. He rated his pain level at a constant 7-9/10 but stated the pain was tolerable with Tramadol and the medication also allowed him to maintain home and do some intermittent part time work. The injured workers surgical history and previous treatments were not provided. The treatment plan was for Tramadol 50mg 2 tablets by mouth 3 times daily to wean, with a target of getting completely off the medication in 3 months. The rationale for request and the request for authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg two (2) PO TID to wean with target of completely off the medication in three (3) months to achieve weaning target: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, criteria for use, Page(s): page 78. page(s) 75;.

Decision rationale: Based on the clinical information submitted for review, the request for Tramadol HCL 50mg 2tablets by mouth 3 times daily is not medically necessary. As stated in California MTUS Guidelines, Tramadol is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. For on-going use, there should be continuous review and detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include the current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The injured worker reported back pain that was at a constant 7-9/10 but was reportedly tolerable with Tramadol. However, the clinical documentation failed to provide a detailed pain assessment, including pain ratings with and without use of the medication. On 07/11/2014, he reported his pain level was at a constant 7-9/10 but it was unknown what the intensity was after he took Tramadol or how long his pain relief lasts. However, he did report that he was able to maintain the house and do some intermittent part time work while taking the medication. There was a lack of documentation showing the injured worker had recently completed a urine drug screen with consistent results, within the last year, in order to confirm compliance with his medications. In the absence of this documentation required by the guidelines for the ongoing use of opioid medications, the request is not supported. Additionally, the request, as submitted, did not specify a quantity. As such, the request for Tramadol HCL 50mg 2 tablets by mouth 3 times daily to wean with target of completely off the medication in three (3) months to achieve weaning target is not medically necessary.