

Case Number:	CM14-0146246		
Date Assigned:	09/12/2014	Date of Injury:	08/28/2008
Decision Date:	11/04/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/09/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 48 year old employee with date of injury of 8/28/2008. Medical records indicate the patient is undergoing treatment for lumbar musculoligamentous sprain/strain with radicular symptoms; right sacroiliac sprain/strain; possible right inguinal hernia and myofascial pain with reactionary sleep disturbance. Subjective complaints include sharp pain across the lumbar region. The pain is aggravated by lifting, bending and prolonged sitting, standing and walking. He also points out pain in the inguinal (right) region. He gets pain during driving and has difficulty sleeping. Objective findings include a visible mass that is consistent with a potential small inguinal hernia. His gait was non-antalgic but he appears to be uncomfortable when altering his position. An exam of the lumbar spine reveals tenderness and muscle guarding over the bilateral paraspinal muscle and tenderness over the parafacet region at L4, L5 and S1. He also is tender over the posterior sacroiliac region on the right. He has limited lumbar ROM but straight leg raise is negative. There is diminished sensation over the L4, L5 and S1 dermatomes, left more than right. Treatment has consisted of chiropractic care and physiotherapy. The patient complained that NSAIDs did not work and he was given Toradol for low back pain flare ups. He was also prescribed Ultram. The patient had also been prescribed Tizanidine, Tramadol, Omeprazole, Naproxen, Zanaflex, Docuprene, Topiramate, a TENS unit and was told to do a home exercise program. The utilization review determination was rendered on 8/30/2014 recommending non-certification of TRAMADOL/APAP 37.5/325MG #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL/APAP 37.5/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Tramadol is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for tramadol #180 is not medically necessary.