

Case Number:	CM14-0150324		
Date Assigned:	09/18/2014	Date of Injury:	07/06/2001
Decision Date:	10/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational 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 claimant injured her low back on 07/06/01. Tramadol is under review. She was injured in a trip and fall injury and has chronic back pain. She has tried multiple medications including Motrin, gabapentin, Lidoderm, Terocin patch, and tramadol. She reported on 01/08/14 that the gabapentin was more helpful than the Ultram. She was also using Lidoderm patches. She received refills of gabapentin, Terocin patches, and tramadol. She was previously taken Vicodin and she refused to have surgery. She reportedly had a lumbar epidural steroid injection in the past that decreased her pain by 40% in her back and 30% in her leg. She had improvement in her paresthesias. She has reported doing home exercises. She has been taking tramadol for a prolonged period of time. She was able to decrease her use to only occasionally. On 06/03/14, she reported increased pain in both legs over the past 6 weeks. Her right leg was much worse than the left. She had an antalgic gait and diminished light touch sensation at L5 on the right side. She had some mild weakness. She reportedly had a urine drug screen that was within normal limits. She was only taking tramadol 2-3 times per week when necessary. A right transforaminal lumbar epidural steroid injection was recommended. She remained on regular work. She has been taking tramadol for a prolonged period of time at least as far back as 01/08/14. She has also used Terocin patches. On 07/15/14, she was essentially the same. She had previously used Motrin and Neurontin. She reportedly progressively worsening right lower extremity pain over the past 2 weeks. She had to increase the use of Ultram to twice a day and gabapentin to 300 mg at bedtime and 200 mg in the morning. She was in mild distress from pain. The gabapentin and Ultram were increased. She was to continue regular work. On 08/26/14, her diagnoses included degeneration of the lumbosacral disc, lumbosacral neuritis, spondylosis and low back pain. She received a prescription for tramadol 50 mg and gabapentin 100 mg. She reported right lower extremity weakness and numbness with tingling. She had

stiffness of her low back with spasms. She felt anxious. She was also prescribed Lidoderm patch. She was prescribed an NSAID cream to apply topically. This was to minimize the necessity for opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, QTY: 150 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram, Medications for Chronic Pain Page(s): 145, 94.

Decision rationale: The history and documentation do not objectively support the request for tramadol. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." Also, "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" In this case, the benefit to the claimant of this medication is unclear. She has reported that gabapentin helped more. It is not clear whether she has tried local modalities for pain control, including ice and heat and there is no documentation of trials and failure of or intolerance to other more commonly used first line drugs, including acetaminophen and anti-inflammatories. The expected benefit to the claimant, including anticipated measurable objective and functional improvement, from the use of tramadol have not been described. At times, she has been able to take it very infrequently. The medical necessity of the continued use of tramadol 50 mg #150 with 3 refills, continuing into the foreseeable future, has not been clearly demonstrated and a clarification was not obtained.