

Case Number:	CM14-0151218		
Date Assigned:	10/23/2014	Date of Injury:	04/17/1999
Decision Date:	11/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia. 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 individual is a 72 year old male who sustained an industrially related injury on April 17, 1999 involving his lower back and wrist. He has ongoing complaints of continuous low back pain (level out of 10 not specified) with radicular features (also not described). There is also notation of a history of shoulder and wrist dysfunction but no subjective/objective description is provided. Available physical examination records indicate an antalgic/assisted gait, with the use of a seated walker and wheelchair. The records note low back pain with a positive straight leg raising test. He is also noted to have parkinsonoid symptoms (uncertain of formal diagnosis) and hypertension. There is no description in the available records of range of motion of lower back, dermatomal distribution of pain or any pain management modalities except medication. He is currently prescribed tramadol 50 mg (amount not noted) and gabapentin for pain and Ambien as a sleep aid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, 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

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." Further; the MTUS states that opioid use should be accompanied by "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not provide sufficient documentation that the patient has failed non-opioid analgesics in medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication and there was also no documentation of intensity of pain after taking opioid, pain relief, increased level of function, improved quality of life, or other objective and functional outcomes, which are necessary for ongoing use of opioids. As such the request for Tramadol 50mg is deemed not medically necessary.