

Case Number:	CM14-0153854		
Date Assigned:	09/23/2014	Date of Injury:	03/04/2013
Decision Date:	11/13/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/20/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial contusion injury of March 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; muscle relaxants; a reported diagnosis with vertebral fracture; and work restrictions. In a Utilization Review Report dated September 15, 2014, the claims administrator failed to approve a request for tramadol. The applicant's attorney subsequently appealed. In an August 17, 2014 progress note, the applicant reported 4-5/10 low back pain. The applicant stated that medications were making his low back pain more tolerable. The applicant did exhibit a normal, albeit a painful gait. Norco was apparently refilled. Tramadol and Flexeril were also prescribed. A 25-pound lifting limitation was also endorsed. The applicant was asked to consult a spine surgeon. It was not clearly stated whether or not tramadol and/or Flexeril represented a first-time request versus a renewal request. The remainder of the file was surveyed. The bulk of the information on file comprised of the documentation of the applicant's initial injury/initial insult. In the progress note dated August 17, 2014, the attending provider incorrectly stated that "tramadol is a non-steroidal anti-inflammatory drug used to treat mild-to-moderate pain, osteoarthritis, and rheumatoid arthritis."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Opioids, Ongoing Management.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. In this case, the attending provider did not furnish a compelling rationale for selection and/or ongoing usage of tramadol in conjunction with a second short-acting opioid agent, Norco. It was not, furthermore, clearly stated whether or not the request for tramadol represented a first-time request versus a renewal request. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider's choice of pharmacotherapy should be based on the type of pain to be treated and/or pain mechanism involved. In this case, the attending provider mislabeled tramadol as an NSAID medication, suggesting that the attending provider was not clear what type of pain he was being treated and/or what pain mechanism was present here. Therefore, the request was not medically necessary.