MAXIMUS Federal Services

Case Number:	CM14-0158450		
Date Assigned:	10/01/2014	Date of Injury:	12/04/2009
Decision Date:	10/28/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/26/2014

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 and Rehabilitation and is licensed to practice in Ohio. 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 37-year-old male who injured his back on December 4, 1999 while lifting an air-conditioning unit. He has been found to have unstable, spondylitic, spondylolisthesis at the L4-L5 level. He has been complaining of worsening low back pain radiating to both lower extremities. He has had four epidural steroid injections, facet joint injections, acupuncture, physical therapy, and has been taking opiates chronically and yet his pain has been worsening. Currently he is being weaned from Percocet because of lack of response to opiates and there is a pre-operative stipulation before his fusion surgery for doing so per his orthopedic surgeon. A note from the orthopedic surgeon states "we had a lengthy discussion regarding the absolute necessity of weaning off pain medicine postoperatively and ideally preoperatively". On 9-9-2014 the treating physician, who is not the orthopedic surgeon, prescribed tramadol 50 mg to be taken one every 4 to 6 hours for pain, quantity 150. The physical exam has revealed diminish lumbar range of motion, diminish sensation of the right lower extremity, and diminished strength to right-sided dorsi and plantar flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride Tables, 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 70, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Page(s): 74-96..

Decision rationale: The above guidelines stipulate that for chronic opioid therapy there be ongoing assessment of analgesia, functionality, adverse side effects, and any aberrant drug taking behavior. Additionally, opiates should be discontinued if there has been no improvement in pain or functionality. Tramadol is a centrally acting synthetic opioid analgesic and it provides inferior analgesia compared to a combination of Hydrocodone/ acetaminophen. As of November 2013, Tramadol has been designated a Schedule IV controlled substance. (DEA, 2013) Tramadol has unreliable analgesic activity and potential side effects such as serotonin syndrome. In this instance, Percocet has provided no improvement in pain or functionality for the injured worker. This is the reason for the Percocet taper called for by previous utilization review. It would be inappropriate to merely replace one opioid with another, especially a weaker one, when it has been demonstrated that opioids are not or are no longer effective for a given patient/condition. Therefore, Tramadol Hydrochloride Tablets, 50mg, is not medically necessary per the above guidelines.