

Case Number:	CM14-0160690		
Date Assigned:	10/06/2014	Date of Injury:	07/12/2010
Decision Date:	12/05/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/30/2014

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 Family Medicine 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 49 year old male with a date of injury of 7-12-2010. He had severe low back pain radiating to the lower extremities associated with bowel and bladder dysfunction. He underwent a 2 level fusion surgery. His low back pain improved but significant pain remains. The lower extremity and bowel and bladder symptoms resolved. He has been managed with Norco 10/325 mg up to 60 morphine equivalents per day and recently Tramadol ER 150 mg for use up to twice a day was added when he was feeling too much sedation from Norco. The physical exam reveals mild lumbar tenderness; well healed incisions, normal lower extremity sensation, much improved and nearly normal lower extremity strength, and symmetrically depressed reflexes. The agreed medical examiner recently noted that the injured worker feels 30% better than before surgery, that he was more mobile and immediately appeared to be in less pain than previously. The treating physician remarked that the injured worker continues to feel the medication has helped control his pain and increase his function. He was cleared to begin physical therapy on 9-16-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Tab 150mg ER Days Supply: 30: Quantity: 25: Overturned

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

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

Decision rationale: Those requiring chronic opioid treatment should have ongoing monitoring of pain levels, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may be continued if there is improved pain and functionality as a consequence of the medication. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. At issue is the addition of Tramadol ER 150 mg, up to twice daily, to the current regimen of Norco which is providing 60 morphine equivalents daily. The addition of Tramadol, possibly up to 300 mg a day, provides an additional 30 mg morphine equivalency a day. In this instance, the Tramadol ER was said to be prescribed in place of and not in addition to the Norco. Even if the injured worker did not understand and took the Norco and Tramadol ER together, he would still be taking a morphine equivalency of 90 mg a day. Thus, the total daily opioid dose is not an issue. There is evidence of pain and functional improvement with the current opioid regimen. Therefore, Tramadol HCL tab 150mg ER, days supplied #30, quantity 25 is medically necessary.