

Case Number:	CM14-0169599		
Date Assigned:	10/17/2014	Date of Injury:	04/04/2008
Decision Date:	11/20/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/14/2014

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 New Jersey and New York. 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 58 year-old male who suffered a lifting injury on 4/4/08. He complained of low back pain. On exam, he ambulated with a cane, had a tender right hip, decreased lumbar range of motion, with positive straight leg raise on the left. He had diminished sensation on left L5 dermatome. He had normal electrodiagnostic studies of his lower extremities. An MRI showed lumbar disc bulges and annular tears. He was diagnosed with degeneration of lumbar and lumbosacral intervertebral discs, lumbago, and sciatica. His treatment involved a TENS unit which improved pain and function. His medications included Cymbalta, anti-inflammatories, muscle relaxants, and tramadol 50mg three times a day as needed. He had chiropractic care early in his treatment plan with improvement in pain. A recent request for additional chiropractic sessions was not approved. The current request is for a refill of tramadol with enough to wean off the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Tab 50mg, day supply: 30, Qty: 90, for the purpose of a trial to taper to a lower dose or to cessation if possible by decreasing dosage by 10% every 2-4 weeks.:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95; 82; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

Decision rationale: There is no documentation of what his pain was like previously and how much Tramadol decreased his pain. Patient is on multiple medications that decrease his pain from 7 to a 5/10. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. It is unclear by the chart how often the patient requires the use of opiates for pain relief. The patient was getting some relief through the TENS unit and is continued on muscle relaxants and anti-inflammatories. Because of these reasons, the request for Tramadol is not medically necessary.