

Case Number:	CM14-0171184		
Date Assigned:	10/23/2014	Date of Injury:	06/23/2012
Decision Date:	12/02/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/16/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Connecticut. 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 55 year old female who reported an injury on 06/23/2012. The mechanism of injury was not provided. Her diagnosis was noted as chronic pain syndrome and lumbar neuritis. Her past treatments were noted to include medication, cryotherapy, physical therapy, chiropractic visits, work modification and acupuncture. Her diagnostic studies were noted to include X-rays of the lumbar spine and pelvis and MRIs of the lumbar spine and left thigh. During the assessment dated 09/08/2014, the injured worker complained of low back pain that radiated into the left buttock and into the left lateral thigh to the ankle. She described the pain as burning and throbbing and rated the pain 6/10 without medication and 2/10 with medication. She complained of muscle spasms, numbness, tingling and limited range of motion. The physical examination revealed left sacroiliac joint tenderness with improved range of motion in the lumbar spine and less muscle spasms in the paraspinal muscles of the lumbar spine. Her medication regimen was noted to include Neurontin 300mg, Tramadol 50mg and Naproxen 550mg. The treatment plan included recommendations for continuation of medications and work modification. The rationale for Tramadol 50mg was allow the injured worker to continue her activities of daily living without severe pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #45,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 93-94.

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

Decision rationale: During the assessment dated 09/08/2014, the injured worker complained of low back pain that radiated into the left buttock and into the left lateral thigh to the ankle. She described the pain as burning and throbbing and rated the pain 6/10 without medication and 2/10 with medication. The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There was no quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS scale, average pain, intensity of pain, or longevity of pain relief. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Furthermore, there was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. In the absence of this documentation, the ongoing use of Tramadol 50mg is not supported by the guidelines. As such the request is not medically necessary.