

Case Number:	CM14-0174952		
Date Assigned:	10/28/2014	Date of Injury:	02/18/2011
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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, has a subspecialty in Interventional Spine 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 patient is a 54 year old female with an injury date of 02/18/11. Based on the 06/10/13 progress report provided by [REDACTED], the patient complains of low back pain and constipation. Physical examination of the lumbar spine on 05/24/14 revealed tenderness to palpation to paraspinal muscles of the lumbosacral spine on the right. Negative straight leg raise. Patient medications included Tramadol and Senokot. Treater recommended patient to "get out of bed and do more inside and outside the house and get more functional." Per QME report dated 02/19/14, the patient has persisting lower GI symptoms, predominantly constipation. Patient's current medications included Tramadol, Lidocaine patch, Aspirin, Equate stool softener, Alka Seltzer and Loratidine. Progress report dated 08/08/14 states that patient complains of back pain rated 7/10 that radiates to the right leg, and severe pain over the right groin area where he had inguinal hernia repair. Tramadol was prescribed in progress report dated 05/24/13. Diagnosis 08/08/14- degenerative spondylosis of the lumbar spine- lumbago- lumbar radiculopathy Diagnosis 02/19/14- right inguinal hernia, status post open repair with mesh 03/22/13. No evidence of recurrence. Mild residual, cannot exclude element of genitofemoral nerve entrapment neuralgia but examination is not definitive- constipation, chronic, due to effects of chronic pain treatment with Tramadol. The utilization review determination being challenged is dated 10/10/14. The rationale follows: 1) DOK PLUS 8.6-50MG QTY 60 TABLETS: "opioid induced constipation treatment is recommended by ODG, however, the concurrently requested opioid has not been authorized." 2) TRAMADOL HCL EXTENDED RELEASE 200MG, QTY: 60 TABLETS: "objective functional gains from the medication were not documented..." [REDACTED] is the requesting provider and he provided treatment reports from 06/10/13 - 05/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOK Plus 8.6-50mg, QTY: 60 tablets: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Pain, Opioid Induced Constipation Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The patient presents with low back pain and constipation. The request is for DOK PLUS 8.6-50MG QTY 60 TABLETS. The patient's diagnosis dated 02/19/14 included chronic constipation due to effects of chronic pain treatment with Tramadol. Per QME report dated 02/19/14, the patient has persisting lower GI symptoms, predominantly constipation. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." In this case, medical records indicate this patient has been taking Tramadol at least since 06/10/13. The MTUS recognizes constipation as a common side effect of chronic opiate use. Recommendation is for authorization.

Tramadol HCL extended release 200mg, QTY: 60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with back pain rated 7/10 that radiates to the right leg, and severe pain over the right groin area where he had inguinal hernia repair. The request is for TRAMADOL HCL EXTENDED RELEASE 200MG, QTY: 60 TABLETS. The patient's diagnosis dated 08/08/14 included degenerative spondylosis of the lumbar spine, lumbago and lumbar radiculopathy. Tramadol was prescribed in progress report dated 05/24/13. For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, treater has not stated how Tramadol reduces pain and significantly improves the patient's activities of daily living; the four A's are not specifically addressed

including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, recommendation is for denial with taper of medication.