

Case Number:	CM14-0176033		
Date Assigned:	10/29/2014	Date of Injury:	03/07/2012
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational Medicine 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:

This 45-year old female patient had a date of injury on 3/7/2012. In a progress note dated 8/26/2014, the patient rates the intensity of her pain for approximately 8 months as 0/10 on VAS scale. She claims that currently she is pain free without radiation into lower extremities. She reports intermittent flare-ups, which do not interfere with her activities of daily living. On a physical exam dated 8/26/2014, there is 10% reduction in her lumbar range of motion. There are no neurological deficits noted upon examination. The diagnostic impression shows lumbar disc bulges, L4-L5 instability, lumbar facet arthropathies, lumbar stenosis, and lumbar facet joint pain. Treatment to date: medication therapy, behavioral modification, epidural steroid injections. A UR decision dated 9/22/2014 denied the request for Tramadol 50mg #120, stating that based on the most recent progress report dated 8/26/2014 provided for review, the patient has had partial pain relief from 3 ESIs and excellent relief from physical therapy, and current pain rating at the visit was 0/10. There has been no discussion regarding flare-ups that would require the amount of Tramadol prescribed, and there has been no documentation that the patient is unable to take a non-opioid medication or that non-opioid analgesic has been of benefit for a flare-up of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, California (MTUS) states that tramadol (Ultram) is not recommended as a first-line oral analgesic. In a progress note dated 8/26/2014, the patient rates his pain as 0/10 for the past 8 months. Furthermore, it was noted that she had epidural steroid injections with partial relief, and that her physical therapy sessions have resulted in excellent relief of pain. Lastly, she only reports intermittent flare-ups, which do not interfere with activities of daily living, and there was no discussion regarding why this patient could not tolerate non-opioid medications to control these symptoms. Therefore, the request for Tramadol 50mg #120 was not medically necessary.