

Case Number:	CM14-0176469		
Date Assigned:	10/29/2014	Date of Injury:	11/01/2009
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
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 is a 56-year-old male with an 11/1/09 date of injury. The patient injured his lower back after lifting forms weighing 60-90 pounds. According to a progress report dated 9/8/14, the patient reported occasional flare-ups of lumbar spine pain. He has been using Tramadol for breakthrough pain, which he used 50 mg up to 3 times daily. This medication allowed him to stay active. Objective findings: restricted gait and cane assisted painful lumbar spine range of motion and referred back pain with straight leg raise. An in-office urinary drug screen was consistent with tramadol and prescribed medications. Diagnostic impression: unstable L5-S1 spondylosis/spondylolisthesis, major depressive disorder, hypertension, diabetes mellitus. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 10/15/14 modified the request for tramadol from 90 tablets to 60 tablets to allow for weaning over the next 2 months. The injured worker has been utilizing a very low daily dose of the synthetic opioid, tramadol, at 30 mg/day MED. Per the peer discussion, UDS monitoring shows compliance, and there is a request for acupuncture to help in the weaning process to off.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg , # 60, to allow for weaning over the next few months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

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

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA 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, in the reports reviewed, there is no documentation of significant pain reduction. In addition, there is no documentation of adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, there is no documentation that this patient has had a trial and failure of a first-line analgesic medication. The UR decision dated 10/15/14 authorized 60 tablets of tramadol 60mg for weaning over the next 2 months, then discontinuation. It is unclear why this duplicate request is being made at this time. Therefore, the request for Tramadol 50 mg, # 60, to allow for weaning over the next few months was not medically necessary.