

Case Number:	CM14-0181005		
Date Assigned:	11/05/2014	Date of Injury:	09/13/2012
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 and 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 66 year old with an injury date on 9/13/12. The patient complains of continued low lumbar pain rated 9/10, and continued left leg pain rated 5/10 per 9/18/14 report. The patient also had a recent surgery for a torn medial/lateral meniscus on 3/18/13, and has persistent left knee pain that is activity related per 5/6/14 report. Based on the 9/18/14 progress report provided by [REDACTED], the diagnoses are internal derangement of left knee (MRI); lumbar myofascial pain syndrome; lumbar mechanical back pain; Dyspepsia; and moderate/severe spinal stenosis, lumbar (MRI). Exam on 9/18/14 showed "lumbar range of motion decreased in all planes. Straight leg raise negative." The patient's treatment history includes medication (Prilosec, Naproxen), injections (unspecified), and physical therapy "without any relief" per 5/6/14 report. [REDACTED] is requesting Tramadol 50mg quantity 90. The utilization review determination being challenged is dated 10/3/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/6/14 to 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 76-78.

Decision rationale: This patient presents with lower back pain, left knee pain, and left leg pain. The provider has asked for 1 prescription for Tramadol 50mg quantity 90 on 9/18/14. The patient has been taking Tramadol since 5/6/14. For chronic opioid use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the provider does not document a decrease in pain with current medications. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. This request is not medically necessary.