

Case Number:	CM14-0182319		
Date Assigned:	11/07/2014	Date of Injury:	04/25/2011
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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:

The patient is a 35-year-old female who has submitted a claim for neural encroachment bilaterally L5-S1 with radiculopathy and lumbar spondylosis associated with an industrial injury date of 4/25/2011. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities, rated 5/10 in severity. The patient reported decreased intake of hydrocodone from 5 tablets per day to 2-3 tablets per day since initiation of adjuvant tramadol therapy. Moreover, it decreased somatic pain average of 4-5 points and allowed her to increase tolerance in performing her exercises. No side effects were likewise reported. Physical examination of the lumbar spine showed tenderness and limited motion. Straight leg raise test was positive bilaterally. Urine drug screen from 9/24/2014 showed inconsistent results with prescription medications. Treatment to date has included lumbar epidural steroid injection, bracing, physical therapy, and medication such as cyclobenzaprine, naproxen, tramadol (since March 2014), hydrocodone, and pantoprazole. The utilization review from 10/23/2014 denied the request for tramadol HCl because of no evidence of functional benefit from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, tramadol was prescribed since March 2014. The patient complained of low back pain radiating to bilateral lower extremities, rated 5/10 in severity. The patient reported decreased intake of hydrocodone from 5 tablets per day to 2-3 tablets per day since initiation of adjuvant tramadol therapy. Moreover, it decreased somatic pain average of 4-5 points and allowed her to increase tolerance in performing her exercises. No side effects were likewise reported. However, urine drug screen from 9/24/2014 showed inconsistent results with prescription medications. Aberrant drug behavior may be suspected. Moreover, the present request as submitted failed to specify dosage, frequency, and quantity to be dispensed. The request was incomplete; therefore, the request for tramadol HCl was not medically necessary.