

Case Number:	CM14-0186237		
Date Assigned:	11/14/2014	Date of Injury:	07/23/2014
Decision Date:	12/31/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/08/2014

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 Pain 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 injured worker is a 32-year-old male with an original date of injury on July 23, 2014. The injured worker sustained injury to his lower back, neck, chest wall, groin, and left shoulder as a result of lifting a heavy piece of concrete, falling, and striking his ribs and injuring his lower back. The industrially related diagnoses include lumbar strain with radiculopathy, thoracic strain, cervical strain, chest contusion/strain, and left groin strain. The patient initially had treatment with 6 sessions of physical therapy, oral NSAIDs, and restricted work duties. Subsequently, the patient was given TENS unit, home exercise program, Fenoprofen, Flexeril 7.5 mg, Prilosec 20 mg, Tramadol 50 mg, and Norco 10/325 mg. The disputed request is the refill of tramadol 50 mg 90 tablets. A utilization review on October 30, 2014 has non-certified this request. The rationale for denial was even though the submitted medical records indicates continued pain to the neck, lower back, shoulder, and extremities, there is no documentation to manage pain complaints with non-opioid first line analgesic agents, given concurrent prescription for fenoprofen and muscle relaxant. There is also lack of documentation indicating screening evaluation for risk of misuse before the use of opioids was implemented. Lastly, rationale for provision of two short acting opioid medications prescribed simultaneously is not supported by the guidelines, unless, there is constant pain and there is a need for use of a long-acting formulation in combination with a short acting opioid for breakthrough pain. Therefore, the request for Tramadol was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Tramadol Page(s): 91, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for refill of Tramadol 50mg, within the provided documentation, there is no comment regarding improvement of symptoms and functional status with this particular medication. In addition, there is lack of documentation on monitoring for aberrant behaviors, such as urine drug screen and CUREs report. The patient is concurrently taking Norco for pain control, without clear reasoning of why two short acting opioid medications were needed. Therefore, this request is not medically necessary.