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| Case Number: | CM14-0186255 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 04/14/2014 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 10/28/2014 |
| 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:

This is a 41 year old male who sustained a work related injury to his low back on April 14, 2014 while lifting a wall frame. Per the Primary Treating Physician's Progress Report dated 10/21/2014, he reported no change in symptoms. Prior treatment included a Functional Capacity Evaluation which was reported to have aggravated his pain. Magnetic resonance imaging (MRI) of the cervical and lumbar spine were completed and revealed right paramedian disc herniation of C3-C4 and C4-C5, with mild left sided disc protrusion of C5-C6 and left paramedian disc herniation of L5-S1. The physical examination revealed low back pain 3 out of 10 on a 0-10 verbal scale. The pain was intermittent, described as a burning tense feeling and then "pops." Pain was increased with activity. There was some radiation to the bilateral lower extremities, left greater than right with occasional numbness and tingling. Diagnoses included cervical radiculitis, cervical sprain/strain, lumbosacral or thoracic neuritis or radiculitis and lumbar sprain/strain. The treatment plan included 12 sessions of chiropractic care and medication management. The note indicated that the patient's medications are "helpful for pain control." The work status was totally disabled. On October 29, 2014, Utilization Review non-certified a prescription for Tramadol 150mg ER #30 based on lack of medical necessity due to lack of documented functional improvement in symptoms. The MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg ER #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79,.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol), is not medically necessary.