

Case Number:	CM14-0024955		
Date Assigned:	03/03/2014	Date of Injury:	12/09/2009
Decision Date:	07/11/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 57 year-old male with date of injury 12/09/2009. Per the treating physician's report dated 02/03/2014, the patient presents with back pain with radiation down to both legs, and remains unchanged since last visit. The patient's pain with medication is 3/10 and without medications is 6/10. No side effects are noted, quality of sleep is fair, and the patient is also trying TENS unit for pain relief. Medications are working well as remain the same level of activity. The patient is currently not working. Current medications include Lidoderm, gabapentin, tramadol, and cyclobenzaprine. A urine drug screen dated 11/01/2012 was negative for all medications, and a 03/22/2012 urine drug screen was negative for all medications. Listed diagnoses are spinal lumbar DDD, spasm muscle. Under treatment plan, continue TENS, continue medications. A 12/09/2013 report documents 0/10 pain with medications and 4/10 without medications. The patient is able to continue ADLs with use of medications. A 10/31/2013 report has similar reports with medications helping. The patient states that the medications are less effective but taking it as prescribed. "It feels his current medications are not providing adequate pain control and would like to increase those medications." The patient has tried to taper these medications in the past but had severe increased in pain. 09/05/2013 report indicates, "Patient reports unable to tolerate decreased of medications, reports decreased activity tolerance, decreased sleep, and increased pain." A 08/08/2013 report states the medications are working well, pain level down to 4/10, Flexeril more effective than Zanaflex. Under treatment plan, the patient is asking for increased dose of medications as these are not providing adequate pain control. A 07/11/2013 report talks about tramadol, feels better after 45 minutes, worked for 3 hours, but tramadol is less effective at times. The patient is taking tramadol 3 tablets in the morning and at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TRAMADOL HCL 50 MILLIGRAMS, TAKE 1 PILL TWICE DAILY AS NEEDED, #60, WITH 1 REFILL FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80, 82, 84.

Decision rationale: The MTUS Chronic Pain Guidelines support use of opioids for chronic musculoskeletal pain with adequate documentations including the 4 A's, analgesia, ADLs, adverse effects, aberrant drug screening behavior, and "pain assessment" measures including current pain level, average pain, least pain, time it takes for medication to work, and duration of the medications relief. The current treating physician provided most of the information for functional improvement. The only shortcoming is that the patient has had negative urine drug screens dating back to 2012, and there are no current urine drug screens. Without an updated urine drug screen at least once a year, the request is not medically necessary and appropriate.