

Case Number:	CM14-0025841		
Date Assigned:	06/13/2014	Date of Injury:	06/16/2000
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation, has a subspecialty in Sports 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 50 year old male who reported an injury on 06/10/2000 while bending over for 30 minutes. The injured worker had a history of recurrent lower back radiating to upper back on occasion to the back of head. The pain radiated to left leg ending at the left great toe, recurrent numbness and tingling in legs. Difficult sleeping of pain and discomfort. The injured worker had a diagnoses of cervical and lumbar strain/sprain and status post lumbar surgery lumbar spondylolysis/spondylolisthesis, post laminectomy pain syndrome and chronic lumbar radiculitis, chronic cervical sprain/strain, status post left should rotator cuff repair 02/2012, erectile dysfunction, hypertension, secondary depressive disorder, adult-onset diabetes mellitus, prostate cancer. The injured worker's diagnostic studies, surgeries and procedure included in 2001 an epidural injection with no benefits, 2001 laminectomy L5 with spinal decompression. Posterolateral spine fusion with pedicle screw instrumentation, L5 to sacrum, with apparent iliac crest bone graft. , physical therapy and aquatic therapy 3 times a week for 8 months, on 06/03/2003 CT scan of lumbar spine showed probable fusion at L4-L5 and L5-S1. The medications were Zanaflex, Nucynta, Ultram, Lisinopril/ HCTZ, and Viagra. The injured worker last toxicology test was on 10/27/2013 with no detection of Ultram/Tramadol. The treatment plan was for Tramadol 500 mg #90. The request for authorization forma and rationale for the request were not provided within the documentation submitted for review.

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 Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Tramadol Page(s): 93-94.

Decision rationale: The request for Tramadol 50 mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) states that ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured worker had a history of back pain. There is lack of documentation of pain assessment for the current pain, the last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is lack of documentation as to the satisfactory response to treatment to indicate a decreased pain, increased level of function, or improved quality of life. There is lack of documentation for the 4 A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Also, there are no directions on the quantity to take and time frame for taking said medication. As such, the request is not medically necessary.