

Case Number:	CM14-0028792		
Date Assigned:	06/16/2014	Date of Injury:	08/07/2012
Decision Date:	08/13/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 36-year-old female who reported an injury on 06/12/2012 and 08/08/2012. The mechanism of injury was not provided. The injured worker had a history of low back pain. Upon examination on 10/16/2013, the injured worker claimed that her lower back pain had been worsening since 11/21/2013. The injured worker was not undergoing any type of therapy at that time. A recent CT scan revealed a 2 mm to 3 mm right paracentral partially calcified disc protrusion at L5-S1. The EMG/NCV (Electromyography / Nerve Conduction Velocity) was within normal limits. Home exercise program emphasizing core establishment stabilization and strengthening was recommended. The examination of 12/11/2013 revealed paravertebral muscle tenderness and spasms were present. Range of motion was restricted. Sensation and motor strength were grossly intact. Straight leg raise test was positive bilaterally. There was a diagnosis of lumbar radiculopathy. Upon examination on 03/12/2014, the injured worker complained her back pain had been worsening since last week. The pain was in her thoracic and lumbar area mainly. As of date, the injured worker had not started physical therapy. Prior treatments included rest, home exercise program, and medications. Medications included Medrox pain relief ointment apply to affected area twice a day, Orphenadrine ER 100 mg take 1 tablet twice daily, Tramadol HCL 50 mg take 1 tablet twice daily, and Omeprazole DR 20 mg take 1 daily. The Request for Authorization was dated 12/11/2013. The request is for Tramadol HCL 50 mg #60. The rationale was 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 HCL 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, on-going management Page(s): 78.

Decision rationale: The injured worker has a history of low back pain. The California Medical Treatment Utilization Schedule Guidelines state Tramadol is a centrally-acting synthetic opioid agent and is not recommended as a first-line oral analgesic. With opioids the guidelines also suggest review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also suggest pain assessments, which include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. A satisfactory response to treatment would indicate the patient having decreased pain, increased level of function, or improved quality of life. There is a lack of documentation as to an increased level of function, decreased pain, or improved quality of life. There is a lack of documentation for a pain assessment. The request does not give the frequency for which the medicine is to be given. As such, the request for Tramadol HCL 50mg #60 is not medically necessary and appropriate.