

Case Number:	CM14-0030551		
Date Assigned:	06/20/2014	Date of Injury:	11/20/2012
Decision Date:	07/17/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/24/2014

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 and Washington. 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 53-year-old male who reported an injury on 11/20/2012. The injured worker slipped on oil injuring his groin, back, hip, and thigh. The injured worker was diagnosed with status post paralumbar back strain. His prior treatments included medications, physical therapy, acupuncture, injections, and home exercise. A physician's progress report on 12/02/2013 indicated the injured worker reported mild relief of pain with physical therapy and acupuncture. The injured worker had completed 18 chiropractic sessions, 6 of 12 physical therapy sessions, and 6 of 12 acupuncture sessions. The injured worker reported ibuprofen was causing increased gastrointestinal issues. The treatment plan was to switch to Tramadol and give a topical analgesic cream. The request for authorization form was dated 12/10/2013. The provider's rationale for the requested Tramadol was noted in a physician's progress report dated 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, twice a day, #60, MED 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Tramadol 50 mg twice a day, quantity 60, MED 20 is not medically necessary. The California MTUS Guidelines recommend initiating opioid therapy starting with short acting opioids, trying 1 medication at a time. For continuous pain, extended release opioids are recommended. Patients on this modality may require a dose of rescue opioids. Prophylactic treatment of constipation should be initiated. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The physician's progress report on 12/02/2013 indicated the injured worker failing conservative therapy of ibuprofen. However, a pain assessment was not documented. A prophylactic treatment for constipation was not initiated with the prescription for Tramadol. There is a lack of documentation to support the criteria for initiating opioid therapy. Therefore, the request for Tramadol 15 mg twice a day, quantity 60, MED 20 is not medically necessary.