MAXIMUS Federal Services

Case Number:	CM14-0035792		
Date Assigned:	06/23/2014	Date of Injury:	04/09/2007
Decision Date:	08/19/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 35-year-old male who reported an injury on 04/09/2007. The mechanism of injury was a motor vehicle accident. The clinical note dated 02/07/2014 documented that the injured worker discontinued the use of hydrocodone in favor of tramadol as the injured worker noted having benefited from Tramadol in the past. The injured worker reported feeling better on tramadol and that the pain was well controlled. The clinical note dated 05/01/2014 noted that the injured worker was weaned off tramadol and did not wish to continue with the medication due to the type of work at his new job. The clinical note dated 07/01/2014 noted the injured worker complained of low back pain and reported flare-ups with increased activity. The provider indicated the injured worker was using Celebrex to control pain that allowed him to function and continue his busy lifestyle. The physical examination noted the injured worker was able to transfer from sit to stand without guarding or stiffness and the injured worker ambulated with antalgic gait due to left leg weakness. The injured worker had functional range of motion and strength in the upper extremities and lower extremities. Additionally, the injured worker had equal sensation to light touch and 3/4 reflexes at the knee. The injured worker had 70 degrees flexion and 0 degrees extension of back and was non-tender to palpation. The injured worker's diagnosis included mechanical low back pain, discogenic low back pain, and chronic myofascial pain. Previous treatments included home exercise program and HELP program. The documentation provided noted the medication included Celebrex 200 mg and Lidoderm patches 5%. The provider's request was for tramadol 50 mg #30. The request for authorization forum dated 02/28/2014 was included within the documentation submitted for review. The physician recommended the use of Tramadol to control the injured worker's back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiods. Decision based on Non-MTUS Citation Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)-Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 74-78.

Decision rationale: The request for tramadol 50 mg #30 is not medically necessary. The injured worker has a history of chronic low back pain and to have participated in home exercise program and the HELP program as prior treatments. The clinical note dated 05/01/2014 noted that the injured worker was weaned off tramadol and did not wish to continue with the medication due to the type of work at his new job. The California MTUS Guidelines state that tramadol is a centrally-acting opiate analgesic that may be used to treat chronic pain. Central analgesic drugs such as tramadol are reported to be efficacy in managing neuropathic pain. The guidelines further state that there needs to be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include current pain, the least reported pain over the period since the 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The California MTUS Guidelines further state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, those domains are, pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation provided noted the injured worker discontinued the use of hydrocodone in favor of tramadol; however, tramadol was later discontinued due to the injured worker's new job. There is not enough documentation to indicate the injured worker's pain rating with and without the medication. The requesting physician did not provide an adequate and complete pain assessment. There is not enough documentation to indicate the performance of any random urine drug screens. The documentation provided noted the injured worker reported feeling better on tramadol and that the pain was well controlled; however, there is not enough documentation to indicate improved functional capacity. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for tramadol 50 mg is not medically necessary.