

Case Number:	CM14-0047605		
Date Assigned:	06/25/2014	Date of Injury:	04/10/2006
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/31/2014

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 Management 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:

According to the records made available for review, this is a 50-year-old male with a 4/10/06 date of injury. At the time (1/27/14) of the request for authorization for Tramadol HCL 50 mg #180, there is documentation of subjective (moderate-severe back pain that radiates to the left ankle, right ankle) and objective (lumbar mobility is decreased, tenderness, moderate pain with motion) findings, current diagnoses (failed back surgery syndrome lumbar, posttraumatic stress disorder, radiculopathy thoracic or lumbosacral, fitting and adjustment of neuropacemaker (brain), chronic pain due to trauma, myalgia and myositis unspecified, and COAT), and treatment to date (medication including Tramadol for at least 6 months and it is being used as a second-line treatment).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome lumbar, posttraumatic stress disorder, radiculopathy thoracic or lumbosacral, fitting and adjustment of neuropacemaker (brain), chronic pain due to trauma, myalgia and myositis unspecified, and COAT. In addition, there is documentation of treatment with Tramadol for at least 6 months and that it is being used as a second-line treatment. Furthermore, given documentation that urine drug screen and Controlled Substance Utilization review and Evaluation Data were reviewed, there is documentation that the prescriptions are from a single practitioner and are taken as directed. Finally, given documentation that pain without medication is 9/10 and with medications 7/10, and the patient is able to do simple chores around the house and minimal activities outside of the home two days a week with medication and without medication the patient gets out of bed but doesn't get dressed and stays at home all day, there is documentation that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit and an increase in activity tolerance with use of Tramadol. Therefore, based on guidelines and a review of the evidence, the request for Tramadol HCL 50 mg #180 is medically necessary.