

Case Number:	CM14-0049609		
Date Assigned:	07/07/2014	Date of Injury:	04/21/2003
Decision Date:	09/03/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Therapy 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 patient is a 59-year-old male who has submitted a claim for lumbar facet arthropathy, degenerative disc disease of the lumbar spine, and HNP (herniated nucleus pulposus) lumbar spine with canal stenosis and bilateral neural foraminal stenosis associated with an industrial injury date of April 21, 2003. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain, rated 9/10 in severity. There was occasional shooting pain going into his legs. Physical examination showed decreased range of motion of the lumbar spine. The patellar reflex was increased on the left. Motor strength and sensation was intact. MRI of the lumbar spine, dated May 11, 2010, revealed degenerative disc disease with exaggeration of the normal lumbar lordosis, with facet arthropathy with retrolisthesis T11-T12, T12-L1, L2-L3, L3-L4 and grade 1 anterolisthesis L4-L5; L2-L3 mild canal stenosis and L3-L4 mild to moderate canal stenosis; and neuroforaminal narrowing L3-L4 moderate right and mild left, and L4-L5 moderate right and mild left. Treatment to date has included medications, physical therapy, chiropractic treatment, home exercise program, activity modification, lumbar epidural steroid injections, and lumbar facet rhizotomy. Utilization review, dated March 31, 2014, modified the request for 30 tablets of Tramadol extended-release 150mg to Tramadol extended release 150mg #15 to facilitate weaning because the documentation did not show a decrease in the patient's pain or an increase in the patient's functional level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 30 Tablets of Tramadol Extended-Release 150mg DOS 2/24/14.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Monitoring, Weaning Medications Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been taking Tramadol since December 2013 simultaneous with intake of Hydrocodone/Apap and Lortab Elixir. Progress report dated February 24, 2014 stated that the medications helped relieve his pain by approximately 50% and he is able to walk about 15 minutes longer. Although there is evidence of functional improvement and analgesia from the medications, it is not clear as to how much Tramadol has contributed to the relief of pain. Furthermore, there was no discussion regarding the need for multiple opioid medications for this patient. Moreover, there was no documented evidence of adverse effects and aberrant drug-taking behavior. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Retrospective 30 Tablets of Tramadol Extended-Release 150mg DOS: 2/24/14 was not medically necessary.