

Case Number:	CM14-0056714		
Date Assigned:	07/09/2014	Date of Injury:	05/31/2012
Decision Date:	09/03/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 Medicine 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:

This is a 32-year-old male who reported an injury on 5/31/1. The mechanism of injury was not noted in the records reviewed. According to a progress report dated 6/2/14, the patient stated his recent lumbar ESI provided very good relief over 60%. He also stated that he felt much better. However, there was still some low back pain, which radiated down to the lower extremities. He also complained of right and left knee pain and he wanted to proceed with a second Epidural Steroid Injection. According to the progress report, the following objective findings included: lumbar spine flexion of 50 degrees, extension at 15 degrees, lateral bending to the right and to the left at 25 degrees; tenderness to palpation over paraspinal musculature with paraspinal spasms noted, hypoesthesia at the anterolateral aspect of foot and ankle of an incomplete nature noted at L5 and S1 dermatome distribution, weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally. The report also noted the following diagnostic impression: contusion right rib cage and ribs, lumbar spine strain/sprain herniated lumbar disc L5-S1 with radiculitis/radiculopathy, right knee strain/sprain rule out internal derangement, left knee strain/sprain. Treatment to date includes: medication management, activity moderation, surgery, Lumbar ESI, and physical therapy. A Utilization Review dated 2/19/14 certified Tramadol HCl 150 mg ER for a 2 month trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clinical escalation alert for new start long acting opioid. Tramadol HCL 150mg ER, days supply 30, quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 78-81. The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, "do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." There was no documentation of significant pain reduction or improved activities of daily living noted in the records reviewed. In addition, there was no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. According to the most recent progress note dated 6/2/14, it was documented that the patient was taking Norco, but there was no discussion regarding Tramadol ER. Furthermore, a Utilization review decision dated 2/19/14 had certified a 2-month trial of Tramadol ER. However, it is unclear why the provider requested this medication at this time. Therefore, the request for clinical escalation alert for new start long acting opioid, Tramadol HCL 150mg ER, days supply 30, quantity 30 is considered not medically necessary.