

Case Number:	CM14-0061289		
Date Assigned:	07/09/2014	Date of Injury:	06/02/2012
Decision Date:	08/21/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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 & Rehabilitation 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 40-year-old male with a 6/2/12 date of injury. At the time (4/11/14) of request for authorization for Tramadol HCL 150mg #30, there is documentation of subjective (chronic severe lower back pain, right knee pain, and ankle pain) and objective (tenderness to palpation in the paralumbar musculature, decreased lumbar range of motion with pain, positive straight leg raise on the right, diminished sensation over the L5-S1 nerve root distribution in the right lower extremity; and right ankle tenderness over the anterior talofibular ligament) findings, current diagnoses (low back pain, right lower extremity radiculitis, rule out lumbar herniated disc, rule out lumbar degenerative disc disease, and rule out right ankle internal derangement), and treatment to date (medications (including ongoing treatment with Tramadol and Non-Steroid Anti-Inflammatory Drugs (NSAIDs) with pain relief and functional improvement)). There is no 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 low back pain , right lower extremity radiculitis, rule out lumbar herniated disc, rule out lumbar degenerative disc disease, and rule out right ankle internal derangement. In addition, there is documentation of chronic severe pain and Tramadol used as a second-line treatment (in combination with first-line drugs (NSAIDs). Furthermore, given documentation of ongoing treatment with Tramadol resulting in pain relief and functional improvement, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Tramadol. However, there is no 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. Therefore, based on guidelines and a review of the evidence, the request for Tramadol HCL 150mg #30 is not medically necessary.