

Case Number:	CM14-0069882		
Date Assigned:	07/14/2014	Date of Injury:	05/08/1985
Decision Date:	08/27/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 injured worker is a 52-year-old male with a 5/8/85 date of injury. He is status post lumbar laminectomy and fusion with removal of hardware in 1991. At the time (2/25/14) of request for authorization for Tramadol 50mg #120, there is documentation of subjective complaints of moderate to severe lower back pain radiating to the lower extremities with numbness, as well as objective findings of diffuse tenderness to palpation over the right lumbar facets, positive sciatic notch tenderness on the right side, and decreased ankle reflexes. Current diagnoses are lumbar post-laminectomy syndrome and chronic pain syndrome, and treatment to date includes ongoing therapy with Tramadol and Gabapentin. In addition, medical reports identify a narcotic agreement and report that the patient's functionality is the same. There is no documentation of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Tramadol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: 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 and 113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identify criteria necessary to support the medical necessity of opioids, including documentation that the prescriptions are from a single practitioner and are being taken as directed, as well as documented evidence that the lowest possible dose is being prescribed. Per guidelines, there should also be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, specifically regarding Tramadol, the Chronic Pain Medical Treatment Guidelines require documentation of moderate to severe pain and the use of Tramadol as a second-line treatment (alone or in combination with first-line drugs). The MTUS-Definitions state that any treatment intervention should not be continued in the absence of functional benefit or improvement, such 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 lumbar post-laminectomy syndrome and chronic pain syndrome. In addition, there is documentation of moderate to severe chronic pain and evidence that Tramadol is being used as a second-line treatment (in combination with the first-line drug Gabapentin). Furthermore, given the presence of a narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are being taken as directed, the lowest possible dose is being prescribed, and there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the fact that, despite ongoing treatment with Tramadol, the patient's functionality is the same, there is no indication of functional benefit or improvement as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50mg #120 is not medically necessary.