

Case Number:	CM14-0090012		
Date Assigned:	09/10/2014	Date of Injury:	08/28/2008
Decision Date:	10/06/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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, has a subspecialty in Interventional Spine 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 48 year old male with an injury date of 08/28/08. The 05/20/14 progress report by [REDACTED] states the patient presents with continued lower back pain radiating to the left leg with pins and needles rated 6/10. The 04/19/14 report states the patient has modified duties until 05/24/14. Upon examination the treater states the patient has abnormal gait, decreased sensation in the lower extremity, and is tender to palpation of the lumbar paraspinal muscles. The patient's diagnoses include: 1. Lumbar degenerative disease 2. Lumbosacram or Thoracic neuritis 3. Sacroiliac strain 4. Myofascial pain 5. Sensitive to medications 6. Lumbar radiculopathy Current medications are listed as tramadol. The utilization review being challenged is dated 06/03/14. Reports were provided from 10/10/13 to 08/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 5/20/14) for Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88, 89.

Decision rationale: The patient presents with lower back pain rated 6/10 that radiates to the left leg with a pins and needles sensation. The treater requests for retrospective (05/20/14) Tramadol 50 mg #90. The reports provided show the patient has been taking this medication since at least 02/21/14. The 06/03/14 utilization review references a date of patient use since at least 11/12/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treater uses numerical pain scales(6-7/10) for pain assessment on reports dated 12/12/13 to 05/20/14. The treater does note that the Tramadol is taken as needed and there is minimal use of the medication. There is not, however, mention of specific ADL's to show a significant change with the use of this medication. and no urine toxicology or other opiate management issues were addressed as required per MTUS above. Therefore, the request is not medically necessary.