

Case Number:	CM14-0107897		
Date Assigned:	09/24/2014	Date of Injury:	08/10/2009
Decision Date:	01/21/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/11/2014

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 Rehab, 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:

This is a 69-year-old male who suffered an industrial related injury on 8/10/09. A physician's report dated 12/16/13 noted the injured worker presented with chronic left inguinal pain. The injured worker had a hernia repair in 1980. In 2010 his hernia recurred and it was repaired in February 2012. After the surgery the injured worker experienced neuralgia along his inner thigh, incision site, and scrotum. The injured worker received two nerve blocks that provided temporary relief. A physician's report dated 3/25/14 noted the injured worker underwent a left Ilioinguinal/Iliohypogastric pulsed radiofrequency ablation with ultrasound guidance on 2/18/14. The injured worker stated that the procedure provided approximately 50% pain relief for one month's time but the pain returned to the previous baseline. Diagnoses: 1. inguinal hernia 2. S/p nerve ablation for ilioinguinal/Iliohypogastric nerve entrapment. The injured worker had complaints of left groin pain, left leg pain, and left buttock pain. The physician noted previous pain interventions included injections, TENS, physical therapy, and biofeedback. The injured worker was taking Naproxen, Gabapentin, and Ultram all of which provided minimal relief. Physical exam findings revealed no obvious genitourinary bulges or masses. Decreased sensation to light touch was noted on the front lateral left leg. On 6/9/14, the utilization review (UR) physician modified the request for Tramadol HCL 50mg #90 with one refill. The UR physician noted certification was provided for radiofrequency ablation and it would be expected that the requirements for Tramadol would be diminished following the procedure. The request was modified to not provide any refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #90 (no refills): 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): 78, 88-89.

Decision rationale: The patient presents with chronic left inguinal pain. The current request is for Tramadol HCL 50mg #90 (no refills) although the documentation submitted by the physician was for Tramadol HCL 50mg #90 Refills: 1. MTUS states, Tramadol is a centrally acting synthetic opioid analgesic that it is not recommended as a first-line oral analgesic. The treating physician report dated 2/18/14 (18) states that the patient reports his pain as 9/10 and in its usual location (left groin, front lateral left leg, left buttock). The physician also states, "While there are medications that may be beneficial for the patient, he is opposed, and I do agree that any effect if any, may be nominal, and there is risk of adverse effect. Agree with abstaining from the use of opioids. Continue using Lidoderm patches." For chronic opiate use, MTUS Guidelines state, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and aberrant 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. In this case, the treating physician has stated that the patient is to abstain from opioid usage. There is no discussion of before and after pain scales, there is no documentation of any functional benefit from opioid usage. There is no documentation of monitoring for aberrant behavior such as urine drug screening or CURES reporting. The MTUS guidelines require more thorough documentation for continued usage. The current request is not medically necessary and the recommendation is for denial.