MAXIMUS Federal Services

Case Number:	CM14-0128823		
Date Assigned:	08/18/2014	Date of Injury:	03/20/2006
Decision Date:	01/21/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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:

This is a 40 year old female who sustained a work related injury on 03/20/2006. She was wearing a camera mounted to a harness on her chest and reported a back injury. The accepted body part is the lumbar spine. Per the Primary Treating Physician's Progress Report dated 7/02/2014, the injured worker reported pain radiating from her lower back to her sacrum and hips. She continues to have numbness and tingling in her lower extremities. She does her own physical therapy. She is waiting to begin acupuncture treatment. Physical Examination revealed a well healed scar over the lumbar area. Range of motion is restricted. Straight leg raise test is positive on the right. The paravertebral muscles are tender to palpation. Spasm is present. Sensation is reduced in bilateral L5 dermatomal distribution. Diagnoses included lumbar radiculopathy and postsurgical status not elsewhere classified. The plan of care included acupuncture and medication management. Magnetic resonance imaging (MRI) of the lumbar spine dated 06/09/2014 revealed no significant change from prior exam, no spinal stenosis or neural foraminal narrowing. On 7/14/2014, Utilization Review modified a prescription for Tramadol Hcl 50mg; 1 twice daily QTY 60, to allow for weaning due to lack of documented functional improvement. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hcl 50mg; 1 twice daily QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49,Chronic Pain Treatment Guidelines Opioids for chronic pain, Chronic Back Pain, When to Discontinue.

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 lumbar radiculopathy and postsurgical status not elsewhere classified. In addition, there is documentation of moderate to severe pain and that Tramadol is being used as a second-line treatment. 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. In addition, given documentation of ongoing treatment with Tramadol, there is no documentation 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 as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol Hcl 50mg; 1 twice daily QTY 60 is not medically necessary.