

Case Number:	CM14-0180785		
Date Assigned:	11/05/2014	Date of Injury:	09/08/2008
Decision Date:	04/06/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 51 year old male, who sustained an industrial injury on September 8, 2008. The diagnoses have included cervical spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, lumbar herniated nucleus pulposus, lumbar sprain/strain and a right knee sprain/strain. Treatment to date has included pain medication, diagnostic testing, sleep study, pulmonary stress test, electromyography of the bilateral upper extremities and chiropractic treatments. Current documentation dated October 22, 2014, 2014 notes that the injured worker complained of neck pain radiating to the arms, lumbar spine pain with radiation to the lower extremities and right knee pain, popping and clicking. Physical examination of the cervical spine and lumbar spine revealed tenderness to palpation and a decreased range of motion. The right knee examination showed the injured worker was unable to extend the knee and crepitus was noted. On October 22, 2014 Utilization Review non-certified a request for Tramadol HCL 150 mg # 60, 150 mg ER MED # 60. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On October 30, 2014, the injured worker submitted an application for IMR for review of Tramadol HCL 150 mg # 60, 150 mg ER MED # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for tramadol HCL CAP #60 150mg ER MED 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Tramadol Medications for chronic pain Page(s): 76-78, 88-89, 113, 60.

Decision rationale: Based on the 10/22/14 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral arms, low back pain that radiates to the left calf and right knee pain. The request is for 1 PRESCRIPTION OF TRAMADOL HCL CAP #60 150MG ER MED 60. Patient's diagnosis per Request for Authorization form dated 10/15/14 includes cervical, thoracic and lumbar spine herniated nucleus pulposus, and lumbar spine strain. Treatment to date has included pain medication, diagnostic testing, sleep study, pulmonary stress test, electromyography of the bilateral upper extremities and chiropractic treatments. Patient's medications include HCTZ, Lisinopril, Dexilant, Gaviscon, Carafate, Probiotics, ASA, Medrox patches and Sentra, per treater reports dated 04/24/14, 06/09/14 and 07/08/14. Per progress report dated 07/08/14, patient has been advised to avoid NSAIDs. The patient is on long-term disability, per treater report dated 07/08/14. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. 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. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Tramadol is not included in list of patient's medications in provided medical records. It is being requested in RFA dated 10/15/14. In this case, treater has not stated how Tramadol reduces pain and significantly improves her activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Furthermore, there is no documentation that patient has trialed other oral analgesics. Tramadol is not recommended as a first-line oral analgesic, according to MTUS. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.