

Case Number:	CM14-0190694		
Date Assigned:	11/24/2014	Date of Injury:	05/04/2010
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This patient is a 60 year old female with a date of injury of 5/4/10. The listed diagnosis is "other postsurgical status other." According to progress report 10/23/14, the patient presents with continued complaints of low back pain. The patient reports minimal radicular complaints. Physical examination of the lumbar spine revealed "guarding + limited ROM of L-spine. Neuro lower ext. WNL." Treatment plan is for a bone scan. It was noted "trying to wean from Norco. Rx Norco, Ultracet." Report 7/18/14 documents continued low back pain which is aggravated by movement. There is no radicular pain. Examination revealed tenderness in the mid and low back with paraspinal spasms. Neuro is intact and there is guarding with movement. The progress reports are handwritten and partially illegible. This is a request for Tramadol 37.5-325mg. The Utilization review denied the request on 11/3/14. Treatment reports from 4/11/14 through 10/23/14 were provided for review. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg # 60 2 refills: 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 initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with continued complaints of low back pain. This is an initial request for this medication. MTUS guideline page 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The MTUS guidelines page 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the physician does not provide baseline pain or functional assessments to necessitate a start of a new opioid. Progress report 10/23/14 notes that the physician is attempting to wean the patient off of Norco. However, a prescription was dispensed for Ultracet AND Norco. In this case, the physician does not provide baseline pain or functional assessments to necessitate a start of a new opioid. The requested Tramadol is not medically necessary.