

Case Number:	CM14-0190808		
Date Assigned:	11/24/2014	Date of Injury:	02/22/2012
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/15/2014

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 Occupational Medicine, 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:

Injured worker is a male with date of injury 2/22/2012. Per primary treating physician's progress report dated 10/16/2014, the injured worker complains of ongoing back, neck, shoulder pain and ringing in the ears. He needs refills of tramadol, amitriptyline, and Relafen. Pain before medications is 8/10, coming down to 4/10. With medications he is able to work full time, carry out activities of daily living such as cooking, cleaning, laundering, self-hygiene, help out with light household chores, and walk for exercise on a consistent basis. There is a signed pain agreement on file and last random urine drug screen which was consistent was on 4/29/2014. Tramadol provides a 50% pain reduction. Amitriptyline significantly helps with sleep. Relafen helps during the day while driving. Medications improve his overall quality of life. On examination there is ongoing tenderness to cervical and lumbar paraspinal muscles. Neurologically he is intact. Diagnoses include 1) low back pain, status post discectomy 2) tinnitus 3) neck pain 4) right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Relafen 750mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68 and 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to Acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The requesting physician indicates that the injured worker takes Relafen during the day while working and driving, and then utilizes tramadol in the evening on work days. The prescription however is for twice a day dosing every day (as 120 tablets for 60 days are prescribed). This is not consistent with the rationale provided by the requesting provider. The request for (Retro) Relafen 750mg # 120 is determined to not be medically necessary.

(Retro) Tramadol 50mg # 200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 78-80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95 and 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports indicate that continued use of tramadol is medically necessary; however, this request is not consistent with how tramadol is reportedly being used. The requesting provider reports that this is a two month prescription. The injured worker reportedly does not take tramadol during the day while driving, and is prescribed to take 1 to 3 tablets a day. Two hundred tablets is an average of 3.3 tablets per day, in excess of the number of tablets prescribed. If the injured worker is taking 1 tablet on work days, and 3 on days off, about 1.6 tablets per day average (about 96 tablets) would be expected. Medical necessity for 200 tablets has not been established. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for (Retro) Tramadol 50mg # 200 is determined to not be medically necessary.

