

Case Number:	CM14-0190829		
Date Assigned:	11/24/2014	Date of Injury:	05/21/2008
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
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 Montana. 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:

The injured worker is a truck driver with a date of injury of 5/21/08 when he injured the low back attempting to lift a trailer. Since then he has complained of chronic low back pain radiating to the right leg. Treatment has included rest, physical therapy, acupuncture, cognitive behavioral therapy, and his current medications are Naprosyn, Omeprazole and Tramadol. His diagnoses are lumbar strain, lumbar stenosis, lumbar radiculopathy and chronic pain syndrome. He has not worked since November 2000 8/10 his employer has not been able to accommodate his restrictions. The primary treating physician has requested tramadol 50 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78 and 93-94.

Decision rationale: The MTUS notes that Tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic

pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of Tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. The medical records do not support use of tramadol within the MTUS guidelines noted above. Long-term use of Tramadol, for greater than 3 months, is documented in the records. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The records do not document a complete pain assessment as noted above. The records do document some increased functional improvement and decreased pain. A Pain Contract is in place and appropriate drug testing is being performed. The records note that there are no side effects. The treatment note of 11/17/14 shows that tramadol 50 mg is used 3 times daily. This would indicate that a one-month supply would be 90 tablets. The request for Tramadol 50 mg #120 is not medically necessary.