

Case Number:	CM14-0194325		
Date Assigned:	12/02/2014	Date of Injury:	01/15/2010
Decision Date:	01/14/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/20/2014

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 American Board of Internal 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:

The injured worker (IW) is a 35-year-old woman with a date of injury January 15, 2010. The mechanism of injury was not documented in the medical record. Current working diagnoses include herniated disc at C5-C6 with canal stenosis; cervical and lumbar myofascial pain; herniated disc with bilateral foraminal stenosis at L3-L4, and L4-L5; medication induced gastritis; iliac crest pain with symptomatic improvement after trigger point injection; and right sacroilitis. According to a progress note dated May 29, 2014, the IW reports that she wants to wean off of the Norco that she is currently taking and go back to Tramadol. She was taking Norco, 5 tablets daily. Pursuant to a progress note dated September 24, 2014, the IW complains of neck pain and low back pain. She reports that previous trigger point injection to the right lumbar paraspinals and the right iliac crest, provided significant pain relief, but the pain has returned. The IW states that she is attempting to wean off the Norco and continues to take the Tramadol. Current pain is rates 4/10. She also has complaints of pins and needles and numbness to the bilateral hands. Objective physical findings reveal the IW is able to sit comfortably through the exam. Gait is normal and non-antalgic. There is significant tenderness to palpation over the lumbar spine with palpable right paraspinal lumbar spasms. She has markedly positive Faber's test on the right side with a positive Gaenslen's test on the right side. The treating physician is requesting authorization for Tramadol ER 150mg # 60. The provider also refilled Norco 5/325mg #30 and reports that the IW will continue the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150mg #30 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the working diagnosis are herniated disc at C5 - C6 with canal stenosis; cervical and lumbar myofascial pain; herniated disc with bilateral foraminal stenosis at L3 - L4 and L4 - L5; medication induced gastritis; iliac crest insertion pain with symptomatic improvement after trigger point injections; and right sacral ileitis. A May 29, 2014 progress note in the medical record indicates the injured worker was taking Norco prior to and including that date. The injured worker found an old bottle of tramadol and told the treating physician she wants to wean off of Norco and would take the tramadol in its place. In a September 24, 2014 progress note, the injured worker is taking both Norco and Tramadol. There is no clinical rationale in the medical record indicating why the injured worker is taking both opiates. Additionally, there is no documentation containing objective functional improvement associated with the Norco or Tramadol. Consequently, absent the appropriate medical documentation and the clinical rationale for the added Tramadol, Tramadol ER 150 mg #30 is not medically necessary.