

Case Number:	CM14-0194572		
Date Assigned:	12/02/2014	Date of Injury:	12/30/2013
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
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 Physical Medicine & Rehabilitation and Pain Management, 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:

The patient is a 56-year-old male with an injury date of 12/30/13. Based on the 10/16/14 progress report, the patient complains of low back pain that radiates down the left lower extremity. Patient is status post right shoulder surgery 2009, per treater report dated 09/22/14. Physical examination to the lumbar spine on 10/16/14 revealed painful range of motion on every plane. Urine drug screen on 05/15/14 showed consistent results and results from 09/22/14 were inconsistent. Patient states that "Naprosyn was not helping him much but he did get benefits from Tramadol." Per progress report dated 10/16/14, patient is working in his janitorial job, although treater has recommended restrictions. Diagnosis 04/03/14- contusion of chest wall- lumbago- lumbar radiculitis- enthesopathy of hip- enthesopathy of knee Diagnosis/Assessment 10/16/14- Lumbar disc herniation L5-S1 and L4-L5, with persistent chronic lumbar back pain- Lumbosacral radiculitis/radiculopathy, with L5 greater than S1 involvement bilaterally, left greater than right side. - Diabetes mellitus. It sounds as though his diabetes is poorly controlled. The utilization review determination being challenged is dated 10/24/14. The rationale was "...the clinical information submitted for review fails to meet the evidence based guidelines for the requested service." Treatment reports were provided from 04/03/14 to 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg tablet #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88, 89.

Decision rationale: The patient presents with low back pain that radiates down the left lower extremity. The request is for Tramadol 50mg tablet #150. Patient's diagnosis dated 10/16/14 included lumbar disc herniation L5-S1 and L4-L5, with persistent chronic lumbar back pain; and lumbosacral radiculitis/radiculopathy, with L5 greater than S1 involvement bilaterally, left greater than right side. Urine drug screen on 05/15/14 showed consistent results and results from 09/22/14 were inconsistent. The treater does not discuss the inconsistent results. Per progress report dated 10/16/14, treater states that "Naprosyn was not helping him much, but he is getting benefit from Tramadol." Patient is working in his janitorial job, although treater has recommended restrictions. 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. In this case, treater has not stated how Tramadol reduces pain. There are no before and after pain scales showing that Tramadol results in analgesia. Although the patient is working, there is no documentation that the use of Tramadol is what helps the patient continue to work. No other specifics are provided demonstrating that Tramadol is significantly reducing pain and improving function. The patient's UDS's are not discussed although there is an aberrant result. No other outcomes measures are discussed as required by MTUS. Given the lack adequate documentation of the four A's, the requested Tramadol is not medically necessary.