

Case Number:	CM14-0194819		
Date Assigned:	12/02/2014	Date of Injury:	10/03/2006
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 Internal Medicine, Pulmonary Diseases 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 is a 51-year-old male with a date of injury on 10/03/2006. The mechanism of injury was the injured worker's vehicle was struck by a bus causing him to jerk and hit his head. Diagnoses included failed lumbar back surgery syndrome, lumbar radiculopathy, status post fusion of the lumbar spine, medication related dyspepsia, and status post right shoulder surgery. His treatments have included home exercise program. His diagnostic studies have included electromyogram of the upper extremities on 06/20/2014 and a urine drug screen on 09/15/2014 that was negative for tramadol. Prior surgeries included left carpal tunnel release on 09/04/2014, left cubital release on 09/04/2014, fusion of the lumbar spine on 01/22/2009, and right shoulder surgery on 06/20/2013. The clinical note dated 10/13/2014 noted he had complaints of neck pain that radiates down bilateral upper extremities, low back pain that radiates to the bilateral lower extremities that was exacerbated with activity and walking. The pain was rated a nine out of ten with medication and a ten out of ten without medication. Physical exam findings indicated slow gait, moderate limited range of motion to the lumbar spine with a significant increase in pain with flexion and extension, decreased sensitivity to touch to the lumbar four to sacral one dermatome, and a positive straight leg raise for left radicular. His medications included Tizanidine, Tramadol, Tramadol Extended Release, and Ambien. His treatment plan included follow up at clinic in 1 month, Medtronic representative to evaluate spinal cord stimulator at next office visit, follow up with cardiologist, and medications. The rationale for the request was that tramadol was beneficial with intended effect at prescribed dose. The Request for Authorization form was not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 200mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The claimant has a history of spinal cord stimulator placement. The injured worker had a history of chronic pain. He had a urine drug screen on 09/15/2014 and the results were negative for Tramadol. The California MTUS guidelines state ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation indicates that the injured worker has been prescribed Tramadol since prior to the 09/15/2014 appointment, the drug screen indicated negative for Tramadol use and the request does not include instructions frequency of the medication. The pain was rated a nine out of ten with medication and a ten out of ten without medication. There were no measurable functional improvements documented with medication use. Therefore, the request is not medically necessary.