

Case Number:	CM14-0200100		
Date Assigned:	12/10/2014	Date of Injury:	03/05/2005
Decision Date:	01/28/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice 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:

This is a 60 years old male patient who sustained an injury on 3/5/2005. He sustained the injury due to involved in motor vehicle accident. The current diagnoses include Per the doctor's note dated 11/4/14, He had complaints of chronic low back pain. The physical examination revealed distal lower extremity weakness, more on right side and limited lumbar range of motion due to pain. He was prescribed ultram 50 mg 180 tablets and norco 7.5/325 mg 90 tablets per month. Per the doctor's note dated 10/7/14, ultram did not work too well and he has been taking it up to six times a day. He still had complaints of significant pain. The physical examination revealed distal lower extremity weakness, more on right side and limited lumbar range of motion due to pain. The medications list includes norco, voltaren, tramadol, lexapro and temazepam. He has had CT of lumbar spine on 8/11/2009 and 3/21/2011; MRI lumbar spine on 11/20/2009; electrodiagnostic study of lower extremities on 12/8/2009 and 4/26/2010. He had undergone low back surgeries on 3/5/2009, 8/3/10 and 10/18/10. He has had physical therapy visits and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ultram 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics; Opioids for neuropathic pain Page(s): 75; 82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g. Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The need for tramadol on a daily basis with lack of documented improvement in function is not fully established. Per the doctor's note dated 10/7/14, Ultram did not work too well. A request for a smaller quantity for prn use for episodic exacerbations of severe pain would be considered medically appropriate and necessary. However the rationale for a large quantity of Tramadol 180 tablets for episodic exacerbations of severe pain is not specified in the records provided. The medical necessity of 1 prescription for Ultram 50mg #180, as prescribed, is not fully established for this patient.

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness....Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of 1 TENS unit is not established for this patient.

