

Case Number:	CM14-0200177		
Date Assigned:	12/10/2014	Date of Injury:	04/07/1997
Decision Date:	03/04/2015	UR Denial Date:	11/12/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male with an injury date of 04/07/1997. Based on the 07/03/2014 progress report, the patient complains of low back pain and neck pain. He has paraspinal spasm, a trigger point at the trapezius, tenderness, mildly restricted flexion/extension/lateral rotation, and tenderness at C4, C5, and C6. In regards to lumbar spine, the patient has paraspinal spasm, trigger points at L4 and L5, 25% reduced range of motion and is tender at L4 and L5. The 08/26/2014 report indicates that the patient has gastritis secondary to NSAIDs. He has a history of headaches. The 10/27/2014 report does not provide any new additional information. The patient's diagnoses include the following: 1. Lumbar spine DJD, myofascial pain. 2. Cervical spine DJD, myofascial pain. 3. Posttraumatic HA. 4. GERD. 5. Depression. The utilization review determination being challenged is dated 11/12/2014. There are treatment reports provided from 06/04/2014 - 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, four (4) times per day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 72, 75, 80-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness, antidepressant medication

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 and neck pain. The request is for TRAMADOL 50 MG Q.I.D. #60. The patient has been taking tramadol as early as 07/03/2014. MTUS Guidelines pages 88 and 89 state 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 a 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. The 08/26/2014 report states that the patient's pain decreased partially with the use of medications. Besides this general statement, none of the reports provided gave any discussion on any change in the patient's pain and function. None of the 4As are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide the proper documentation that is required by MTUS Guidelines for continued opiate use. The requested tramadol IS NOT medically necessary.