

Case Number:	CM14-0209313		
Date Assigned:	12/22/2014	Date of Injury:	04/17/2006
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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 injured worker is a 47 year old male who suffered an unknown work related injury on 04/17/06. Per the physician notes from 10/09/14 he continues to complain of ongoing neck, mid and low back pain which he rates as 7-8/10. He says the neck pain is worse in the mornings and the lower back is the most painful. He last worked in 2008. His current medication regimen includes Norco and Tramadol which provide a 50% reduction in his pain levels. On physical examination he has tenderness to palpation of the lumbar spine with spasms. He has decreased sensation to the right C6 and C8 dermatones and the left L3-L5 dermatones. Diagnoses include multilevel herniated nucleus pulposus of the cervical spine with moderate to severe stenosis and distortion of the cervical cord, herniated nucleus pulposus of the lumbar spine with stenosis, myelopathy, cervical and lumbar radiculopathy, and chronic pain syndrome. The treatment plan included Tramadol, Omeprazole, Norco, and acupuncture treatments. The Tramadol was denied by the Claims Administrator on 1/02/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 Mg #30 No Refills: Upheld

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

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 ongoing neck, mid/low back pain rated 7-8/10 with numbness to the left leg down to the foot along with right shoulder pain. The current request is for TRAMADOL ER 150 mg #30 NO REFILLS (an opioid analgesic) per the 10/09/14 RFA and report. The 12/02/14 utilization review modified the request of #60 to #30. This is apparently a request for the difference of #30. 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. The reports provided show the patient has been prescribed Tramadol since at least 06/19/14. Reports from 06/19/14 to 10/09/14 states the patient feels Norco and Tramadol help decrease pain approximately 50% and allow him to function. These reports show that pain is routinely assessed through the use of a pain scale and pain is rated 4-6/10 on 06/19/14 7-8/10 on 10/09/14. However, ADLs are not documented as required by MTUS. No specific ADLs are mentioned to show a significant change with use of this medication. The reports do state that there are no side effects from medications and that the patient is counseled on the alternatives, risks and potential complications of prescribed medications. However, opiate management issues are not fully documented. No UDSs are discussed or provided for review. Adverse behavior is not discussed. No outcome measures are provided. In this case, lacking adequate documentation of ADLs and opiate management, the request IS NOT medically necessary.