

Case Number:	CM14-0216314		
Date Assigned:	01/06/2015	Date of Injury:	11/05/1992
Decision Date:	07/08/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/24/2014

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 was a 72 year old female, who was injured on the job, May 5, 1992. The injured work suffers from chronic low back pain and knee pain, which was worse in cold weather. According to the progress note, of December 7, 2005, the injured worker was already taking tramadol at that time. The injured worker was 100% disabled, according to the progress note of September 24, 2013. According to the progress note, of December 15, 2014, the injured worker receives 50 percent relief from pain medication. The physical exam noted the range of motion to the cervical spine: flexion 30 degrees, extension 20 degrees, side bending 20 degrees and rotation 30 degrees. The thoracolumbar spine range of motion: flexion 30 degrees, extension 10, lateral flexion 15, and rotation 15 degrees. The injured worker was diagnosed with cervical degenerative disc disease, neck pain, low back pain, lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet disorder, right knee pain and status post left total knee replacement. According to the progress note, of July 31, 2014, the injured worker had just completed six visits of physical therapy, which helped significantly with neck and low back pain. The injured worker to continue with home exercises. The injured worker walks daily using her rollator-type walker. On December 23, 2014 the UR denied a prescription for Tramadol 50mg #81. The denial was based on the MTUS guidelines for Opioids for Chronic Pain and the weaning opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88-89.

Decision rationale: The patient was injured on 11/05/92 and presents with low back pain and knee pain. The request is for TRAMADOL 50 MG QTY: 270. The RFA is dated 12/15/14 and the patient is permanent and stationary. There are progress reports provided from 05/21/14 to 12/15/14. 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 4 A's (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. On 05/21/14, she rates her pain as a 9/10 without medications and a 6/10 with medications. The 07/31/14 report indicates that the "pain medications help the patient more than 60%. She remains very active and tries to walk." Both the 10/20/14 and 12/15/14 reports state that "pain medication helps her by approximately 50%." Although the treater provides before-and-after medication pain scales, not all of the 4 A's are addressed as required by MTUS Guidelines. Besides the patient attempting to remain "active" and trying to walk, there are no specific examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol IS NOT medically necessary.