

Case Number:	CM14-0219130		
Date Assigned:	01/09/2015	Date of Injury:	07/28/2008
Decision Date:	04/02/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/31/2014

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 70 year old male, who sustained an industrial injury on 7/28/08. He has reported low back pain. The diagnoses have included lumbago, lumbar disc disease, post laminectomy syndrome, lumbar radiculitis and sciatica. Treatment to date has included kyphoplasty of L1-L2, aqua therapy, physical therapy, spinal injections and medications. He has also received x-rays, CT scan of lumbar spine and (MRI) magnetic resonance imaging of lumbar spine. Currently, the IW complains of low back pain and insomnia. He is currently using Tramadol 50-100mg 2 times per day with decreased efficacy. He also stated decreased efficacy of his Amitriptyline 25 mg for his insomnia. On 12/10/14 Utilization Review non-certified Tramadol 50 mg, noting long term efficacy is unclear. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/31/14, the injured worker submitted an application for IMR for review of Tramadol 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tramadol 50mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The 12/04/14 report states that the patient is a 70 year old male with an injury date of 07/28/08 and presents with lower back pain, cardiac issues with chest pain and irregular heartbeat, excessive fatigue, muscle weakness and sleep difficulties. Pain is rated 8-9/10 without medications. The current request is for 120 TRAMADOL 50 mg WITH 3 REFILLS (an opioid analgesic) per the 12/04/14 report and 12/05/14 RFA. The utilization review is dated 12/10/14. The reports do not state if the patient is working. 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 indicate the patient has been prescribed Tramadol since at least 06/21/13 to 12/04/14. Other medications are listed as Amitriptyline, Insulin and Gabapentin. The patient's diagnoses include: lumbar DDD, Postlaminectomy syndrome and Lumbar radiculitis. The 12/04/14 report states, "He states decreased efficacy of his Tramadol at max 2/day he was using max 4/day previously." The report further states that he remains active with use of the medication. The reports do show the routine use of pain scales to assess pain; however, pain is rated without showing how medications help the patient. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales. ADL's are addressed. The treater states pain medications allow the patient to mow his lawn with a self-powered mower, do gardening for tomatoes and roses, run errands, perform all household chores and care for his disabled wife and 2 mentally disabled grandchildren who live with him. However, opiate management issues are not fully addressed. The treater does state on 12/04/14 that there is no evidence of over medication, sedation or withdrawal. However, no urine toxicology reports are documented or provided for review. There is no mention of CURES. No outcome measures are provided. In this case, analgesia and opiate management have not been sufficiently documented to support long term opioid use. The request IS NOT medically necessary.