

Case Number:	CM14-0074812		
Date Assigned:	07/16/2014	Date of Injury:	10/30/2013
Decision Date:	02/06/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine, 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:

The patient is a 27-year-old male with an injury date of 10/30/2013. Based on the 01/18/2014 progress report, the patient presents with complaints of upper and lower back pain as well as left shoulder pain. The patient is stressed because he has lost his job and this is causing insomnia, depression, and anxiety. The patient has numbness, tingling, and an unsteady gait. The 03/22/2014 report indicates that the patient continues to have lower back pain and upon palpation of the lumbar spine, there is paraspinus tenderness noted. No additional positive exam findings were provided. The patient's diagnoses include the following: Lumbar spine sprain/strain. Lumbar disk syndrome without myelopathy. Status post cervical spine sprain/strain, improved. Bilateral shoulder tendinitis with supraspinatus tendinosis which shows some improvement. The utilization review determination being challenged is dated 04/24/2014. Treatment reports were provided from 10/30/2013 - 04/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150 ER, supply 30 days, qty 30, med 20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 04/19/2014 report, the patient presents with lower back pain as well as shoulder pain. The request is for Tramadol HCL 150 ER supply 30 days #30 med 20. The patient has been taking Tramadol HCl as early as 03/22/2014. MTUS Guidelines pages 88 - 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 "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 03/22/2014 and 04/19/2014 reports state, "The patient has been taking Tramadol and Naproxen, but he still is not feeling completely perfect." In this case, none of the 4 A's were addressed as required by MTUS. The treater fails to provide any pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor there are any discussion provided on adverse behavior/side effects. There is no pain management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screens to monitor for medicine compliance are not addressed. The treater physician has failed to provide the minimal requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Tramadol HCL is not medically necessary.