

Case Number:	CM14-0089538		
Date Assigned:	07/23/2014	Date of Injury:	07/03/2013
Decision Date:	01/02/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This is a 25 year old female who sustained a work-related injury on July 3, 2013. The injury is described as feeling a popping sensation in her right hip with sharp pain occurring about an hour later. The injured worker denies any past medical or surgical history. Testing includes magnetic resonance imaging (MRI) of low back and sacroiliac joints on 04/03/2014 showing a large disc herniation at lumbar 4-5 and disc protrusion at lumbar 5- sacral 1 causing mild central canal stenosis. Sacroiliac joints were unremarkable. Urine drug screens were also monitored. Diagnoses include: - Lumbar radiculopathy- Herniation of multiple discs- Lumbar discogenic pain Documentation by the provider notes the injured worker has tried numerous conservative treatments including physical therapy, chiropractic treatment, acupuncture and medications without relief. She was placed on disability status on July 11, 2013. Diagnosis was lumbar 4-5 and lumbar 5- sacral 1 disc herniations with spinal stenosis. Physical findings documented on 05/22/2014 note constant low back pain described as stabbing pain. On 05/22/2014 the provider requested authorization for Tramadol. On 06/05/2014 the request was deemed modified by utilization review citing the following: "Tramadol is a synthetic narcotic opioid. It is used for the treatment of moderate to severe pain as stated in the Medical Treatment Utilization Schedule (MTUS) 2009 Chronic Pain Guidelines on page 93 and 94. The doctor has not specified the dose or an amount. He states that the claimant has significant back pain rated at 8/10. In light of this the use of this medication would be supported. Tramadol comes in an immediate release or an extended release form. Since this would be supported for the short term due to acute pain, certification of 50 mg tablets which are the immediate release tablets # 40 are recommended to address the claimant's acute pain." The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (unspecified frequency and amount) Dispensed 5/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient's pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the request for Tramadol is not medically necessary.