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| Case Number: | CM14-0096179 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 06/29/2006 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 06/24/2014 |

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Pain Medicine 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 injured worker is a 58-year-old female who reported an injury on 06/29/2006. The mechanism of injury was not specified. Her diagnoses included cervical, thoracic, and lumbar spine herniated nucleus pulposus. Her past treatments included medications and acupuncture. Diagnostics included sudomotor function assessment diagnostic testing performed on 08/20/2014 and cardiorespiratory diagnostic testing also performed on 08/20/2014. The clinical documentation dated 06/05/2014 indicated the injured worker presented with complaints of persistent pain in her mid and low back with numbness and weakness of the lower extremities. She rated the severity of her pain as 8/10 without medication or therapy and her pain was reduced to 5/10 with medications only. She also reported that acupuncture therapy provided significant pain relief lasting 2 months. The physical examination revealed muscular spasm over the cervical spine region with no tenderness to palpation noted. The physical examination of the thoracolumbar spine revealed stiffness of the facet joints associated with muscle guarding over the paraspinal musculature. It was also noted that the injured worker was unable to perform range of motion. Her medications were noted to include Tramadol 50 mg 1 tab 2 times a day, Diclofenac sodium 100 mg 1 tablet 2 times a day, Omeprazole 20 mg 1 tablet per day, Cyclobenzaprine 7.5 mg 1 tablet at bedtime, and Mirtazapine 15 mg 1 tablet at bedtime. It was indicated the injured worker had shown functional restoration in terms of activities of daily living with her cervical spine but not in terms of work ability with her thoracolumbar spine. It was also noted that the injured worker appeared to have benefited to a degree from her current medications. The treatment plan included continuation of medications, a referral for acupuncture therapy, a consultation with a pain management specialist for evaluation, and consultation with a psychologist/psychiatrist for evaluation. The request was for Tramadol 50 mg #60 for

maintenance for the injured worker's activities of daily living. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 80. Decision based on Non-MTUS Citation ACOEM, 2nd Edition 2004, page 115

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. The clinical documentation submitted for review did not provide sufficient clinical evidence to support the guidelines recommendation. There is a lack of documentation provided to indicate significant functional improvement, whether the injured worker had side effects on the medication, or evidence of appropriate medication use. The documentation also failed to provide evidence that the injured worker did or did not experience any significant adverse effects or displayed any aberrant behavior such as a recent urine drug screen. Additionally, the request as submitted failed to provide a frequency of use for the medication to determine medical necessity for the request. As such, the request for Tramadol 50 mg #60 is not medically necessary.