

Case Number:	CM15-0000387		
Date Assigned:	01/09/2015	Date of Injury:	05/29/2014
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/02/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old male, who sustained an industrial injury on 05/29/2014. The diagnoses have included lumbago, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, pain in joint of pelvic region and thigh, sleep disturbance and anxiety state. The patient was investigated for fatty liver and sleep apnea. Treatment to date has included physical therapy, acupuncture and cognitive behavior therapy. Per the PR2 from 12/9/2014, the injured worker had complaints of right hip pain. He rated the pain as 8/10. The pain radiated to the right thigh, right leg and right foot. He stated that medications were helping but not adequately addressing all his pain. Medication side effects included abdominal pain. Quality of sleep was poor. Physical exam revealed an antalgic gait; the injured worker used a cane. Lumbar range of motion was restricted. Tenderness was noted over the sacroiliac spine. Work status was temporarily totally disabled. Cyclobenzaprine and Ultracet were discontinued. Tramadol 150mg Cmp 25-75 1 tablet every day as needed for pain was prescribed as well as Tizanidine HCL 4mg daily as needed. There is no documentation of trial of anticonvulsant and antidepressant medications. On 12/19/2014, Utilization Review (UR) modified a request for Tramadol 150mg Cmp 25-75 QTY 60 to Tramadol 150mg Cmp 25-75 QTY 30, noting that this is a new medication for the injured worker and would need follow-up beyond the 30 day trial. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96,111,113,119. Decision based on Non-MTUS Citation Pain Chapter Opioids Mental Illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbations of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other sedatives. The guidelines recommend the concurrent use of anticonvulsant and antidepressant medications for effective management of pain in patients with significant history of psychosomatic symptoms such as anxiety and insomnia and those with neuropathic pain. The records indicate subjective and objective findings consistent with neuropathic component of chronic pain syndrome. There is documentation of significant psychosomatic disorders. There is documentation of the presence of sleep apnea and fatty liver. These conditions can be further worsened by chronic use of opioids. There is no documentation of effective treatment with anticonvulsant and antidepressant medications. The criteria for the use of Tramadol 150mg # 60 was not met.