

Case Number:	CM15-0001400		
Date Assigned:	01/13/2015	Date of Injury:	11/28/2012
Decision Date:	03/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 41 year old male who sustained an industrial injury on 11/28/2012. He has reported low back pain. The diagnoses have included herniated nucleus pulposus of the lumbar spine with severe stenosis. Treatment to date has included physical therapy, epidural steroid injections and medication management. Currently, the IW complains of low back pain. Treatment plan included Tramadol 37.5 mg #90, 4 week follow up appointment and consult and follow up care with interventional pain management. On 12/15/2014, Utilization Review certified a follow up visits and non-certified Tramadol and the consult with interventional pain management, noting the lack of medical necessity. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/23/2014, the injured worker submitted an application for IMR for review of Tramadol 37.5 mg #90, 4 week follow up appointment and consult and follow up care with interventional pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Opioids: Tramadol& On-Going Management Page(s): 84 & 78-80.

Decision rationale: Tramadol 37.5mg #90 is not medically necessary per the MTUS Guidelines. The MTUS states that there are no long-term studies to allow for recommendations for Tramadol for longer than three months. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Tramadol 37.5mg #90 is not medically necessary. A 7/7/15 QME documents that the patient has tried NSAIDS and Tylenol in the past. The documentation indicates that the patient has been on Tramadol dating back to 4/8/13. The MTUS states does not recommend Tramadol for longer than 3 months. The MTUS does not support ongoing opioids such as Tramadol without functional improvement. The documentation indicates that the patient has not returned to work. For these reasons the request for Tramadol 37.5mg #90 is not medically necessary.

Consult & follow-up with Interventional Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 92.
Decision based on Non-MTUS Citation Pain

Decision rationale: Consult & follow-up with Interventional Pain Management is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a pain management consultation. The documentation indicates that the patient is seeing a pain management physician and it is unclear why the patient is requesting a change to a different provider. It is unclear how this consult will change the medical management of the patient and therefore this request is not medically necessary.