

Case Number:	CM15-0101935		
Date Assigned:	06/04/2015	Date of Injury:	09/22/2009
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female, who sustained an industrial injury on 9/22/2009. She reported injury from excessive bending and lifting. The injured worker was diagnosed as having lumbago, lumbar degenerative disc disease and post-laminectomy syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, epidural steroid injection, chiropractic care, physical therapy, spinal cord stimulator trial and medication management. In a progress note dated 4/20/2015, the injured worker complains of low back pain and bilateral upper extremity pain, rated 5/10. Physical examination showed tenderness along the lumbar paraspinal musculature. The treating physician is requesting Tramadol 50 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: 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): 76-78, 88-89.

Decision rationale: Based on the 4/20/15 progress report provided by the treating physician, this patient presents with low back pain, bilateral upper extremity pain with numbness/tingling in low back and anterior thighs, rated 5/10 on VAS scale. The treater has asked for Tramadol 50MG #90 on 4/20/15 "given her response to the weak opioid effect as well as the antineuropathic effects of the TCA effects of tramadol". The request for authorization was not included in provided reports. The patient is s/p unspecified epidural steroid injections, chiropractic treatment, and an L4-5 fusion with TLIF per 4/20/15 report. The patient had significant improvement of pain after the fusion but re-injured her back afterwards per 4/20/15 report. The patient then had a spinal cord stimulator trial for presumed post-laminectomy syndrome that ended in February of 2013 per 4/20/15 report. The patient's pain worsens when she walks and sits, but improves when she lies in bed and also with use of Tramadol per 4/20/15 report. The patient did get some unspecified quantity of physical therapy per 2/5/15 report. The patient does get occasional right thigh symptoms and back symptoms but it is "manageable" per 2/5/15 report. The patient is permanent and stationary per 3/19/15 report. MTUS Guidelines pages 88 and 89 states, "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 4A's (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. Tramadol has been included in patient's medications per treater reports dated 2/5/15, 3/19/15, and 4/20/15. The treater states that Tramadol has significantly improved the patient's symptoms in the past per 4/20/15 report. However, the treater has not stated how Tramadol significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.