

Case Number:	CM15-0107386		
Date Assigned:	06/11/2015	Date of Injury:	03/07/2008
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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, 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 68 year old female, who sustained an industrial injury on March 7, 2008. The injured worker was diagnosed as having displacement of the lumbar intervertebral disc without myelopathy, sciatica, and depressive disorder. Treatment to date has included physical therapy, chiropractic treatments, epidural steroid injections (ESIs), MRI, acupuncture, and medication. Currently, the injured worker complains of worsening of low back pain with radiation into the right posterior lateral lower extremity, with intermittent radiation to the left lower extremity. The Treating Physician's report dated April 29, 2015, noted the injured worker complained of pain in the lower back, both legs, and both feet, rated as 10 on a scale of 1 to 10. The treatment plan was noted to include discontinuation of Norco, and requests for authorization for Tramadol ER, Neurontin, Diclofenac XR, and Prilosec, with a urine drug screen (UDS) performed. The Treating Physician's report dated May 4, 2015, noted the injured worker reported having had a bad reaction to the Tramadol, stopping the medication on April 29, 2015. The injured worker reported using Gabapentin, Methylphenidate, Cymbalta, Omeprazole, and Tramadol. Physical examination was noted to show the injured worker with an antalgic gait, using a cane for ambulation, with lumbar spine paraspinous muscle tenderness and triggers points and restricted range of motion (ROM). Straight leg raise was noted to be positive on the right with sensation decreased to light touch and pinprick in the right L4 and L5 dermatomal distribution. The treatment plan was noted to include a request for authorization for a Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 75-80, 94.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 nonadherent) 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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Furthermore, it does appear on subsequent follow-up that the patient had an adverse reaction to tramadol in a note dated 5/4/15. Given this, the medical necessity of this request cannot be established at this time.