

Case Number:	CM15-0108208		
Date Assigned:	06/12/2015	Date of Injury:	02/15/2003
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 61-year-old male, who sustained an industrial injury on 02/15/2003. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having lumbosacral sprain/strain, status post lumbar laminectomy with post-laminectomy syndrome, rule out new onset of disc herniation, bilateral lumbar radiculopathy, chronic pain syndrome, and reactive depression secondary to chronic pain syndrome. Treatment and diagnostics to date has included lumbar laminectomy surgery, physical therapy, and medications. In a progress note dated 04/08/2015, the injured worker presented with complaints of chronic intractable low back pain with radiculopathy and rated his overall pain a 6-7 out of 10 on the pain scale and tries to manage his condition with pain medication, mostly Tramadol. Objective findings include lumbar tenderness with limited range of motion, diminished muscle strength of the lower extremities, and an antalgic gait. The treating physician reported requesting authorization for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg sig; 4 times a day as needed #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 91, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram ½).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. " ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen. "The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. MTUS states "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The 2 previous UR have modified the request to allow for weaning which is appropriate. As such, the request for Tramadol 50mg sig: 4 times a day as needed #150 is not medically necessary.