

Case Number:	CM15-0132775		
Date Assigned:	07/20/2015	Date of Injury:	11/09/1993
Decision Date:	08/14/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 62-year-old male who sustained an industrial injury on 11/09/1993. Mechanism of injury occurred when he was moving a metal shaft that weighed approximately 100 pounds; he developed low back pain and left leg pain the following day. Diagnoses include lumbar radiculopathy and lumbar facet arthropathy. Treatment to date has included diagnostic studies, medications, physical therapy, a heat pack, epidural steroid injections, and Transcutaneous Electrical Nerve Stimulation unit. The injured worker is not working he is retired. A physician progress note dated 05/07/2015 documents the injured worker complains of lower back pain with radiation to the left lower limb. He has numbness, weakness, and tingling in the left lower limb. He describes his pain as aching, and stabbing. Symptoms are made worse with activity, bending, twisting, and lifting. Symptoms are made better with rest, massage, use of Transcutaneous Electrical Nerve Stimulation unit, medications, and heat. He rates his pain as 4 out of 10 over the last week. Medications help by decreasing the pain from an 8 out of 10 to 3- 4 out of 10. He received his most recent epidural steroid injection to the left L4-5 on 03/25/2015 and reported a month of relief from this procedure. The pain has been slowly returning the last few days. Medications allow him to maintain activities such as golf and walking. This would be limited without the Ultram and Naproxen. The treatment plan includes naproxen, and Omeprazole. Treatment requested is for Tramadol HCI ER 200mg quantity: 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCI ER 200mg quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4A'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. There is no clear evidence of recent functional and pain improvement with previous use of opioids (Tramadol). There no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medication. There is no clear justification for the need to continue the use of Tramadol. Therefore, the prescription of Tramadol HCL ER 200mg #90 is not medically necessary.