

Case Number:	CM15-0139507		
Date Assigned:	07/29/2015	Date of Injury:	02/21/2011
Decision Date:	09/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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 32 year old male who sustained an industrial injury on 02/21/2011. The mechanism of injury was not made known. According to a progress report dated 06/12/2015, the injured worker had ongoing low back pain. He was not currently working. He had intermittent spasms and stiffness. He also had some anxiety, depression and insomnia secondary to chronic pain. He had a previous MRI which showed two-level disc bulge. Objective findings included tenderness across the lumbar paraspinal muscles. Diagnoses included discogenic lumbar condition with bulging at L3-L4 and significant disc disease with extrusion at L4-L5 and L5-S1 with severe foraminal narrowing and facet arthritis at those levels and an element of stress, anxiety, sleep disorder, headaches and weight gain of 19 pounds due to chronic pain and inactivity. The treatment plan included referral to pain management for possible injection, referral to psychiatry, TENS unit with conductive garment for the low back, Lorazepam 1 mg, Tramadol ER 150 mg, Naproxen 550 mg, Protonix 20 mg and Flexeril 7.5 mg. Currently under review is the request for Tramadol ER 150mg #30. According to the only other progress report submitted for review and dated 03/26/2015, the injured worker was prescribed Tramadol at that time also.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with low back pain. The request is for Tramadol ER 150 MG #30. The utilization review letter dated 06/25/15 has modified the request to #20 for tapering. Physical examination to the lumbar spine on 03/26/15 revealed tenderness to palpation along the lumbosacral region. Patient's diagnosis, per 06/12/15 progress report include discogenic lumbar condition with bulging at L3-L4 and significant disc disease with extrusion at L4-L5 and L5-S1 with severe foraminal narrowing and facet arthritis at those levels; nerve studies are yet to be done; due to chronic pain and inactivity, the patient has element of stress, anxiety, sleep disorder, headaches, and weight gain of 19 pounds (the patient states that he wakes up every two hours and needs something done). Patient's medications, per 06/12/15 progress report include Lorazepam, Tramadol, Naproxen, Protonix, and Flexeril. Patient is currently not working. MTUS Guidelines Criteria for Use of Opioids (Long-Term Use of Opioids) Section, Pages 88-89 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 4As (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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The treater does not discuss this request and no RFA was provided either. Review of the medical records provided indicates that the patient received prescriptions for Tramadol from 03/26/15 and 06/12/15. However, treater has not discussed how Tramadol decreased pain and significantly improved patient's activities of daily living. There are no UDS reports, no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.