

Case Number:	CM15-0163738		
Date Assigned:	08/31/2015	Date of Injury:	11/18/1998
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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 57-year-old male with an industrial injury dated 11-18-1998. The injured worker's diagnoses include chronic back pain and lumbar degenerative disc disease. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 08-12-2015, the injured worker reported low back pain with radiation in to the right lower extremity. The injured worker rated current pain a 7 out of 10. The injured worker rated pain reduction to a 3-4 out of 10 with medication. Objective findings revealed elevated blood pressure. The treatment plan consisted of medication management. The treating physician prescribed services Tramadol 50mg #120 and pain management consult, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Weaning of Medications.

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 current request is for Tramadol 50mg #120. The RFA is dated 08/14/15. Treatment consisted of prescribed medications, physical therapy, injections and periodic follow up visits. The patient's work status was not addressed. MTUS, Criteria for use of Opioids 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Criteria for use of Opioids pages 80 and 81 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." Per report 08-12-2015, the patient reported low back pain with radiation in to the right lower extremity. The request is for a refill of Tramadol, which the patient has been utilizing since 2013. The patient rated current pain a 7 out of 10 and rated with medication pain is decreased to 3-4 out of 10. The patient reported improved function, quality of life and psychological relief with medications. It was noted that UDS is required at next visit. The patient's only side effect with medication is occasional constipation. Although not signing a written contract he has a verbal contract to use the medications only as prescribed. Progress reports from 02/11/15 through 08/12/15 were provided for review. In this case, there are only generic statements of medication efficacy. There is no discussion of specific functional improvement, changes in ADLs or change in work status to document significant improvement with utilizing long-term opiate. Not all the 4A's have been addressed, as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Pain Management Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-Operative, 4/27/2007, pg. 56).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The current request is for Pain Management Consult. The RFA is dated 08/14/15. Treatment consisted of prescribed medications, physical therapy, injections and periodic follow up visits. The patient's work status was not addressed. ACOEM Guidelines, chapter 7, page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of

medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Per report 08-12-2015, the patient reported low back pain with radiation in to the right lower extremity. The reports do not discuss this request. In this case, the patient is currently being followed by his PTP and a pain specialist who is currently dispensing Tramadol. It is possible that this request is for a follow up visit; however, the request is for "Pain Management Consult." It is not known why another pain management consult is needed. The treater does not indicate that a second opinion is being sought. The patient's diagnosis does not appear "extremely complex" to warrant additional specialty. The request is not medically necessary.