

Case Number:	CM15-0168404		
Date Assigned:	09/09/2015	Date of Injury:	08/02/1996
Decision Date:	10/14/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 (IW) is a 78 year old male who sustained an industrial injury on 08-02-1996. The initial report of the injury is not found in the records reviewed. He is diagnosed with a lumbar spinal injury, cervical sprain-strain, and lumbar degenerative intervertebral disk. Treatment to date has included oral and injectable medications. The worker was seen 02-09-2015 with a Spanish-English interpreter present. In the provider documentation of, the worker complains of worsening low back pain with difficulty walking in the mornings. The worker was given an anti-inflammatory injection in his last office visit a year prior which he requests to have repeated. Objectively, he has pain that is greatest in the middle of the lumbosacral junction. An anti-inflammatory injection is administered to the low back and his treatment plan includes prescriptions for Celebrex, Tramadol, and Protonix with refills as needed up to one year. In his appointment of 07/29/2015, the worker relates that he is doing well and credits the Celebrex and Tramadol. He states he would not be able to carry out his activities of daily living without these medications. The treatment plan is to refill the Celebrex and Tramadol and have the worker seen again in three months. No objective exam results are described in the notes. The worker is retired. A request for authorization was submitted for Tramadol 50mg quantity #120 with three refills. A utilization review decision (08-06-2015) modified the request to certify one prescription of Tramadol 50 mg #70 between 07-23-2015 and 11-27-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 120 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested tramadol, is not medically necessary.