

Case Number:	CM15-0184217		
Date Assigned:	09/24/2015	Date of Injury:	06/28/2011
Decision Date:	11/06/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/18/2015

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 is a 36 year old male, who sustained an industrial injury on 6-28-11. The injured worker was diagnosed as having lumbar facet syndrome; lumbar muscle spasm; fibromyalgia; lumbar myalgia-myofascitis; lumbar segmental somatic dysfunction; sacroiliitis; posttraumatic gastritis; posttraumatic aggravation of hypertension; post-traumatic insomnia. Treatment to date has included medications. Currently, the PR-2 notes dated 8-20-15 indicated the injured worker complains of left lower back pain. The provider documents the injured worker rates his pain "as a 10 on a scale of 0 to 10 with 10 being the worst and considers this condition to be severe. The pain is constant according to the patient. The pain is reported as aching, dull, sharp, stabbing and throbbing, occurs most often in the afternoon, during the night, in the evening and in the morning and is radiating into the left buttock, left calf, left foot, left hip, left toes, left upper back, right buttock, right hip and right upper back. The pain is made better by lying down, medication and stretching while bending, lifting, prolonged sitting, prolonged standing, and prolonged walking and daily activities of living exacerbates the condition. Other associated conditions of this complaint are numbness, stiffness and tightness." The provider notes ranges of motion as: "lumbar spine flexion 10 degrees, extension 10 degrees and significant pain; lateral right 5 degrees, lateral left 5 degrees both moderate pain. Lumbar Spine Evaluation: tender areas in the lumbar region on both sides (grade 30. Palpation of the lumbar musculature demonstrates hypertonicity in that area in the lumbar region on both sides (severe) and erector spine on both sides (severe). The patient indicated that they felt discomfort during the performance of this evaluation. Braggard's sign was positive on the left. Braggard's sign was

positive on the right. Kemp's was positive on the left. The patient reported localized low back pain during the test. The patient reported localized low back pain during the test. The following orthopedic tests were positive: straight leg raise passive left and passive right." The provider lists his current medications as: Tramadol ER 150mg one every 12 hours #90 dispensed for moderate pain and Norco 10-325mg one tab every 6 hours. The provider notes the injured worker has sufficient medications on this date. He received Butrans at 15mcg every 7days through Express Pharmacy as documented by the provider. He also receives medication through another private provider: Furosemide, Fercos Sulfate, Doc-Q-Lace, Pentasa, Lisinopril, and Hydralazine, Labetalol, Simvastatin and Aspirin. There is also a 134 page "Initial Agreed Psychiatric Panel Qualified Medical Evaluation" included as the additional documentation for this request. A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 9-12-15 and non-certification was for Tramadol 150mg #90 and noted Tramadol was started by prescription 11-2014. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. A request for authorization has been received for Tramadol 150mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #90: 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 or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), 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 unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol is not medically necessary.