

Case Number:	CM15-0188272		
Date Assigned:	09/30/2015	Date of Injury:	11/20/2012
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 54 year old male who sustained an industrial injury on 11-20-12. Diagnoses are noted as lumbar spine degenerative disc disease, facet hypertrophy, bilateral lower extremity radiculopathy, bilateral inguinal hernia right greater than left, rule out umbilical hernia, bilateral testicular hydrocele, and antalgic gait. Previous treatment includes physical therapy, acupuncture, chiropractic, and right inguinal hernia repair 8-26-15. In a progress report dated 7-9-15, the physician notes pain is rated at 7 out of 10 and that medications are helpful. Oral medications are Tramadol 50mg 1 twice a day and Prilosec 20mg one a day. An exam notes an antalgic gait and that he moves about with stiffness and exhibits difficulty with remaining standing. In a progress report dated 8-20-15, the physician notes lumbar spine pain is rated at 6 out of 10 with complaints of bilateral lower extremity radicular pain and tingling. Complaint is also of bilateral groin pain rated at 7-8 out of 10. Work status is modified duties with restrictions. A 7-15-15 urine toxicology report notes Tramadol- none detected. On 9-1-15, the requested treatment of Tramadol 50mg #60 was modified to Tramadol 50mg #60 - weaning to discontinue, with a reduction of MED by 10%-20% per week over a period of 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are L/S DDD; NMFS; facet hypertrophy; bilateral lower extremity radiculopathy; bilateral inguinal hernia right greater than left and bilateral testicular hydrocoel. Date of injury is November 20, 2012. Request for authorization is August 28, 2015. Utilization review indicates the treating provider has prescribed Norco as far back as November 5, 2014. According to an August 20, 2015 progress note, subjective complaints include low back pain with radiation to the bilateral lower extremity 6/10. There is no physical examination that accompanies the subjective section in this progress note (or on an attached sheet). There are no medications listed. There are no detailed pain assessments or risk assessments. There is no documentation demonstrating objective functional improvement to support ongoing tramadol. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no current medications listed and no detailed pain assessments of risk assessments, tramadol 50 mg #60 is not medically necessary.