

Case Number:	CM15-0188358		
Date Assigned:	09/30/2015	Date of Injury:	06/12/2002
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 6-12-02. The documentation on 8-28-15 noted that the injured worker has complaints of left lower extremity and low back pain. The pain is constant and worse in the evening and 6 out of 10 with pressure type pain. The left leg is often swollen. The low back pain radiates down left lower extremity to the left foot. The range of motion from the left ankle and the left foot, lumbar spine extension was 15 degrees. There was tenderness over the left paraspinal muscles and parafacet L4, L5 and S1 (sacroiliac) areas. The diagnoses have included other chronic pain and venous insufficiency unspecified. Treatment to date has included tramadol; lidopro topical analgesics; omeprazole; transcutaneous electrical nerve stimulation unit and home exercise program. The documentation on 8-28-15 noted that the injured worker had not received tramadol in over 4 months due to denial. The original utilization review (9-11-15) modified the request for tramadol 50mg quantity 60 to tramadol 50mg quantity 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 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, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in June 2002 and is being treated for low back and left lower extremity pain. His injury occurred when using a nail gun and he was hospitalized for 2 weeks with an infection and DVT. In March 2015 medications included tramadol being taken infrequently. He had pain rated at 5-6/10. In June 2015 he had not had tramadol for months. Pain was rated at 6/10. When seen in August 2015 he also had not had tramadol for months. Pain was rated at 6/10. Physical examination findings included full range of motion. There was left lumbar and left greater than right sacroiliac joint tenderness with positive Patrick's testing. There was left lumbar facet tenderness. There was decreased left lower extremity sensation with positive straight leg raising. Tramadol is being requested. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication had previously provided decreased pain through documentation of VAS pain scores or specific examples of how this medication had resulted in an increased level of function or improved quality of life when it had been prescribed at the same dose. Prescribing tramadol again without an assessment of its effect when prescribed before is not medically necessary.