

Case Number:	CM15-0188736		
Date Assigned:	09/30/2015	Date of Injury:	04/08/2014
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This 55 year old female sustained an industrial injury on 4-8-14. Documentation indicated that the injured worker was receiving treatment for Previous treatment included physical therapy, chiropractic therapy, aqua therapy, transcutaneous electrical nerve stimulator unit, and medications. The injured worker had been prescribed Ultracet since 4-8-14. In an initial evaluation dated 6-16-15, the injured worker complained of pain in the neck and upper and lower back. The physician stated that the injured worker "was in a considerable amount of pain". The treatment plan included discontinuing tramadol as it was not providing effective pain relief, a prescription for Norco and changing from Gabapentin to Cymbalta. In a PR-2 dated 7-28-15, the injured worker complained of ongoing neck, upper and lower back pain. The injured worker reported that Tramadol and Gabapentin helped her pain. Physical exam was remarkable for tenderness to palpation to the lumbar spine, cervical spine and thoracic spine with spasms as well as bilateral sacroiliac joint and trochanteric tenderness to palpation with decreased range of motion throughout. The treatment plan included continuing Tramadol and Gabapentin and obtaining a neurosurgery consultation. On 8-31-15, Utilization Review modified a request for Tramadol 50mg #120 to Tramadol 50mg #30.

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 Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 04/08/14 and presents with pain in her low back, mid back, and upper back. The request is for TRAMADOL 50 MG, #120. The RFA is dated 07/28/15 and the patient is not able to work. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 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." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. On 04/02/15 and 05/01/15, the patient rated her pain as a 6/10 with treatments and an 8/10 without treatments. The 05/15/15 report states that the patient has a CURES report on file dated 07/02/14 and the patient is compliant with current pain medication regimen. In this case, not all of the 4 As are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.