

Case Number:	CM15-0188758		
Date Assigned:	09/30/2015	Date of Injury:	09/06/2007
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
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:

The injured worker is a 62 year old male, who sustained an industrial injury on 9-06-2007. The injured worker is being treated for bilateral shoulder impingement syndrome, sacroiliac ligament sprain-strain, cervical sprain-strain, right cervical radiculopathy, lumbar sprain-strain and left leg radiculopathy. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 8-21-2015, the injured worker presented for follow-up. He reported the intensity of his discomfort as 7 out of 10. With the use of medications, he is able to "walk a little better." Objective findings included pain and tenderness of the thoracolumbar, upper lumbar, lower lumbar, lumbosacral and shoulder. He has an antalgic gait and limited flexion from the waist. On 6-30-2015, he reported no change in his condition. He reported that his pain "has not been controlled with current dose of Tramadol." On 6-02-2015, he reported his pain level as 6 out of 10. On 7-09-2015 and 7-29-2015, he reported worsening knee pain and noted that pain that was reduced from 8 out of 10 to 6 out of 10 with medications. Per the medical records dated 6-02-2015 to 8-21-2015 there is no documentation of significant or substantial improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the use of Tramadol. On the Progress Report dated 1-22-2015, Tramadol is listed as a "critical" allergy but he is prescribed Ultram (Tramadol). Work status was retired. The plan of care included medications. Authorization was requested on 8-21-2015 for Tramadol 50mg #90. On 9-09-2015, Utilization Review modified the request for Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/21/15 with lower back pain rated 7/10, which radiates into the left lower extremity. The patient's date of injury is 09/06/07. The request is for Tramadol 50MG #90. The RFA is dated 08/21/15. Physical examination dated 08/21/15 reveals spinal subluxation/restriction at C1-C7 spinal levels, and L1 through L4 spinal levels, with tenderness to palpation noted in the thoracic, thoracolumbar, lumbar regions and bilateral shoulders. The patient is currently prescribed Tramadol. Patient is currently retired. 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 Guidelines, 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. In regard to the requested Tramadol for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Progress notes dated 08/21/15 has the following regarding medication efficacy: "The symptoms are reduced by medication. With the use of medication, he is able to walk a little better because the pain is reduced. His pain is also alleviated due to the medication." The provider also indicates that the patient does not need a refill of his medications. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence that this patient is non-compliant with his medications and the patient being able to walk with medications could constitute some degree functional improvement, albeit vague and insignificant. However, the provider does not include any measures of analgesia via a validated scale with before and after ratings, or include a statement regarding a lack of aberrant behavior. Without such documentation, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.

