MAXIMUS Federal Services

Case Number:	CM15-0189817		
Date Assigned:	10/01/2015	Date of Injury:	10/29/2014
Decision Date:	11/18/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/26/2015

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 47 year old female, who sustained an industrial injury on 10-29-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement and coccyx disorder. On 8-17-2015, the injured worker reported constant sharp moderate lumbar spine pain with radiculopathy to the right leg noted to be new since the previous visit. The Treating Provider's report dated 8-17-2015, noted the injured worker not significantly improved, limping with lumbar spine restricted range of motion (ROM). The injured worker was noted to be off work. Parts of the submitted documentation are difficult to read. On 8-3-2015, the injured worker's current medications were noted to include Relafen, Ultracet, prescribed since at least 4-16-2015, and Norflex. Prior treatments have included an epidural 6-30-2015, with the injured worker noting she was not better afterwards, physical therapy, and heat. The request for authorization was noted to have requested Nabumetone 750 mg #60 and Tramadol HCL 37.5/325 mg #100. The Utilization Review (UR) dated 8-28-2015, approved the request for Nabumetone 750 mg #60 and denied the request for Tramadol HCL 37.5/325 mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 37.5/325 mg #100: 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 08/17/15 with lumbar spine pain which radiates into the right lower extremity. The patient's date of injury is 10/29/14. The request is for Tramadol HCL 27.5/325mg #100. The RFA was not provided. Physical examination dated 08/17/15 reveals tenderness to palpation of the lumbar spine and reduced range of motion in all planes. The patient is currently prescribed Nabumetone and Tramadol. Per 08/17/15 progress note, patient is advised to remain off work until 09/01/15.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 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 lower back pain, the treater has not provided adequate documentation of efficacy to continue its use. This patient has been prescribed Tramadol since at least 05/14/15. Progress note dated 08/17/15 does not address the efficacy of this patient's 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 her medications, though no consistent urine toxicology screenings were provided. In the progress note associated with this request, the provider does not include any measures of analgesia via a validated scale with before and after ratings, document any functional improvements attributed to medications, or include a statement regarding a lack of aberrant behavior. Additionally, MTUS pg 80,81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common

example being pain secondary to cancer)." While this patient presents with significant chronic pain complaints and has been prescribed narcotic medications long term, she does not appear to have undergone any surgical intervention for her lumbar spine. Without evidence of an existing condition which could cause nociceptive pain (such as cancer), as well as complete 4A's documentation, continuation of this medication is not appropriate and the patient should be weaned. Owing to a lack of complete 4A's documentation, the request is not medically necessary.