

Case Number:	CM15-0192821		
Date Assigned:	10/06/2015	Date of Injury:	05/30/2006
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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, Hawaii
 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 is a 65 year old male who sustained an industrial injury on 5-30-2006. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain, status post lumbar laminectomy at L5-S1 (September 2006). Medical records (4-7-2015 to 9-2-2015) indicate ongoing low back pain. The injured worker rated his pain 7 to 8 out of 10 without medication and 2 to 5 out of 10 with medication. He reported being able to do yard work and help around the home with light pick up with the medication. Per the treating physician (9-2-2015), the injured worker was working part time. The physical exam (7-7-2015) revealed the injured worker was able to arise from a seated position and walk fluidly throughout the room. Straight leg raise was negative on the right, but did cause low back and left leg pain on the left side. Treatment has included surgery and medications (Tramadol since at least 11-13-2012). The treating physician indicates (9-2-2015) that the injured worker had one negative urine drug screen, but that he only takes the medication on an as needed basis. The request for authorization dated 9-14-2015 was for Tramadol and Relafen. The original Utilization Review (UR) (9-24-2015) modified a request for Tramadol from #60 with 1 refill to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with one refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with low back pain. The current request is for Tramadol 50mg #60 with 1 refill. The treating physician's report dated 09/02/2015 (5B) states, "He takes the tramadol on an as needed basis." Aside from working part time, he walks every day for approximately an hour for exercise. He lives with his wife. He is able to do yard work and occasional dishes and help a lot around the home with light pickup with the medications. Medication documented as noted above as well as analgesia which his pain levels are 8/10 without medication, down to 4/10 with. He is not having any adverse side effects from the medications. He is not exhibiting any aberrant behaviors. He has had 1 negative urine drug screen, but he only takes the medication on as needed basis. There were no illicit drugs or un-prescribed medications on the drug screen. The physician further noted that the patient is currently working part time, exercising consistently and helping out with home activities with his wife and kids. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. Medical records show that the patient was prescribed Tramadol prior to 12/2014. In this case, the physician has addressed the 4As required by the MTUS Guidelines for continued opiate use. The current request is medically necessary.