

Case Number:	CM15-0194589		
Date Assigned:	10/08/2015	Date of Injury:	07/13/2012
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 54 year old male who sustained an industrial injury on 07-13-2012. A review of the medical records indicated that the injured worker is undergoing treatment for lumbago and lumbar stenosis. The injured worker is status post posterior interbody fusion at L5-S1 on 08-01-2014. According to the treating physician's progress report on 08-12-2015, the injured worker continues to experience low back pain with intermittent left calf pain. Evaluation noted an obese male with a slow and guarded gait with the assistance of a cane and arises from a seated position to standing with difficulty. There was tenderness to palpation of the lumbar spine with marked restriction in range of motion in all planes. Prior treatments have included diagnostic testing, surgery, physical therapy, psychological evaluation and therapy, lumbar brace, and medications. Current medications were listed as Norco (2-3 tablets a day) and gabapentin. Treatment plan consists of scheduling the authorized aquatic therapy, pain management, and the current request for tramadol 50mg #90 with 1 refill, since the pharmacy did not carry Norco and the injured worker was unable to get the medication. On 09-10-2015, the Utilization Review determined the request for Tramadol 50mg #90 with 1 refill was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90 with 1 refill: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have included documentation of pain, but have not specified pain with and without medication, no significant adverse effects, past consistent urine drug testing, and objective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has been documented, and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Although tramadol may be a reasonable treatment option for this injured worker, the request does meet criteria. Therefore, the request for tramadol 50mg #90 with 1 refill is not medically necessary.