MAXIMUS Federal Services

Case Number:	CM15-0203330		
Date Assigned:	10/20/2015	Date of Injury:	08/06/2013
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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 41year old female, who sustained an industrial injury on 8-6-2013. The injured worker is undergoing treatment for: low back pain. On 7-2-15, 7-23-15, and 8-20-15, she reported low back pain with radiation into the lower extremities, left greater than right. She rated her pain 8 out of 10. The provider noted that medication, "facilitates maintenance of activities of daily living such as household chores, shopping and grooming." She is reported to have had frequent problems with adhering to a home exercise program without the use of medications. There is notation of Tramadol giving a "five point diminution in somatic pain. Improved range of motion and greater tolerance to exercise." Objective findings revealed tenderness in the lumbar spine, decreased range of motion, no signs of infection, and spasm of the lumboparaspinal muscles are noted as decreased, diminished sensation in the L1 and L2 dermatome distributions. Urine toxicology screen done on this date is reported as in compliance. The treatment and diagnostic testing to date has included: medications, urine drug screen (4-16-15, 7-23-15), TENS, multiple sessions of physical therapy. Medications have included: Tramadol, Omeprazole, naproxen, cyclobenzaprine. The records indicate she has been utilizing Tramadol since at least April 2015, possibly longer. Current work status: temporarily partially disabled, modified. The request for authorization is for: Tramadol 150mg Sig: twice a day, quantity 60, dispensed on 8-20-15. The UR dated 10-8-2015: non-certified the request for Tramadol 150mg Sig: twice a day, quantity 60, dispensed on 8-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Tramadol 150mg Sig: twice daily #60 dispensed 8/20/15: Upheld

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

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 41 year old patient complains of low back pain, rated at 8/10, along with lower extremity symptoms, as per progress report dated 09/12/15. The request is for Retro: Tramadol 150mg Sig: Twice Daily #60 Dispensed 8/20/15. There is no RFA for this case, and the patient's date of injury is 08/06/13. Diagnoses, as per progress report dated 09/12/15, included neural encroachment L1-2 with radiculopathy. Medications included Duloxetine, Naproxen, Pantoprazole, Cyclobenzaprine and Tramadol. The patient is temporarily partially disabled, as per progress report dated 08/20/15. 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 4A's (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, 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 this case, Tramadol is first noted in progress report dated 04/06/15. It is not clear when the opioid was initiated. As per progress report dated 09/12/15, Tramadol leads to "five point diminution of somatic pain" along with improved range of motion and increased tolerance to exercise. The treater states the medication helps maintain ADLs including "light household duties, shopping for groceries, grooming and cooking. Recalls frequent inability to adhere to recommended exercise regime with medication on board, due to pain, now maintained with medication." The patient also notes that ADLs were in "jeopardy prior to Tramadol at 300 at current dosing." There is no history of side effects or systemic effects. The patient underwent urine toxicology screening during the 09/12/15 visit and at several prior visits as she is at "high risk" for opioid dependence. In prior report dated 07/23/15, the treater states the patient had been consuming IR opioid "greater than 5/day prior to non-opioid Tramadol ER (a schedule 4 drug)" at 300 mg/day which has enabled discontinuation of IR opioid drug. "As per the report, the patient complies the 4A's and good analgesia is achieved with medication which does afford objective functional improvement." Although the reports provide "instances when ADL's had been jeopardy prior to current medication," the treater does not document improvement in the patient's ability to perform the activities objectively before and after Tramadol use. The treater does not document objective functional improvement using validated instruments, or questionnaires with specific categories. MTUS requires specific examples that indicate an improvement in function and states that

"function should include social, physical, psychological, daily and work activities." In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Additionally, MTUS p80, 81 states regarding chronic low back 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 be indicated for nociceptive pain as it is "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)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.