

Case Number:	CM15-0203381		
Date Assigned:	10/20/2015	Date of Injury:	04/14/2014
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
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 52-year-old male who sustained an industrial injury on 4-14-2014 and has been treated for cervical sprain, herniated disc C5-6 with stenosis, and herniated disc L4-S1. On 8-6-2015 the injured worker reported continued "severe and intractable" low back pain, radiating into his buttocks and legs with numbness and tingling, and neck pain. Objective findings noted trapezii tenderness and limited cervical range of motion due to "pain," and the injured worker was slow rising from a seated position, with limited lumbar range of motion, noted to be restricted due to pain. Some decreased light touch sensation was found in the posterior calves, with the left being worse. Pain characterization was not present. Documented treatment includes 24 sessions of physical therapy for the neck and low back, and Naproxen and Tramadol since at least April, 2015. Response to medication treatment is not provided. The treating physician's plan of care includes Tramadol 37.5-325 mg #120 which was denied on 9-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #120: 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, criteria for use, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: The patient was injured on 04/14/14 and presents with low back pain and neck pain. The request is for requested treatment: Tramadol 37.5/325 MG #120. The RFA is dated 09/16/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 04/02/15 and treatment reports are provided from 04/02/15 to 08/06/15. 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, 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, 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. The patient is diagnosed with cervical sprain, herniated disc C5-6 with stenosis, and herniated disc L4-S1. The patient had a urine drug screen on 04/06/15 and was compliant with his prescribed medications. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.