

Case Number:	CM15-0028084		
Date Assigned:	02/20/2015	Date of Injury:	08/10/2010
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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 48 year old male, who sustained an industrial injury on 8/10/2010. He reports injury due to repeated lifting. Diagnoses include chronic pain syndrome, lumbar post-laminectomy syndrome and obesity. Treatments to date include multiple lumbar surgeries, acupuncture, physical therapy and medication management. A progress note from the treating provider dated 1/12/2015 indicates the injured worker reported low back pain that radiated to the buttocks, neck pain, right shoulder pain, mid back pain and tingling and numbness in the left leg. On 1/23/2015, Utilization Review non-certified the request for Tramadol 50mg #90, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 milligrams, three times daily as needed for pain, quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with low back pain radiating to the right buttock, neck pain, right shoulder and mid back pain. The patient is status post lumbar fusion from 01/31/2012. The treater is requesting TRAMADOL 50 MG 3 TIMES DAILY AS NEEDED FOR PAIN, QUANTITY 90. The RFA dated 01/12/2014 shows a request for tramadol 50 mg, quantity 90. The patient's date of injury is from 08/10/2010 and he is currently not working. 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. The records show that the patient was prescribed tramadol on 04/11/2014. The 01/12/2015 report notes that the patient's worst pain is 8/10, least pain 2/10, and usual pain 7/10. He is using tramadol 3 to 5 tablets per day as needed for pain. His medications help decrease his pain by 30%. The patient's medication usage is the same. The treater mentions that the patient's urine toxicology screening and CURES report are regularly done as needed. However, these reports were not made available for review. In this case, there are no before-and-after pain scales to show analgesia. There is no discussion about specific activities of daily living. No side effects were reported and there are no aberrant drug-seeking behaviors such as a urine drug screen and CURES report provided. Given the lack of sufficient documentation showing analgesia for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.