

Case Number:	CM15-0217906		
Date Assigned:	11/09/2015	Date of Injury:	05/04/2010
Decision Date:	12/21/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 61 year old female, who sustained an industrial-work injury on 5-4-10. A review of the medical records indicates that the injured worker is undergoing treatment for other post-surgical status. Treatment to date has included pain medication, Norco, Ambien, Tramadol since at least 4-15-15, right knee surgery 2011, left shoulder surgery 2012, lumbar surgery 5-16-13, physical therapy, diagnostics, off of work, home exercise program (HEP) and other modalities. Medical records dated 8-18-15 indicate that the injured worker complains of continued low back pain with recent flare-up but left leg has improved. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The records do not indicate least reported pain over the period since last assessment, average pain, and intensity of pain after taking the medication, how long it takes for pain relief and how long the pain relief lasts. The physician does not indicate concerns of abuse of the medications, tolerance to the medications or inconsistent urine drug testing. Per the treating physician report dated 8-18-15 the injured worker has not returned to work. The physical exam reveals lumbar spine guarding and tenderness with intact neurological status. The request for authorization date was 10-7-15 and requested service included Tramadol 37.5-325 #120. The original Utilization review dated 10-27-15 modified the request for Tramadol 37.5-325 #120 modified to Tramadol 37.5-325 #90 for taper and discontinuation over the next 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing, Opioids, specific drug list, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (web: updated 10/9/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 37.5/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is other postsurgical status other. Date of injury is May 4, 2010. Request for authorization is October 7, 2015. According to a progress note dated April 15, 2015, current medications included Norco and Ultracet. According to the most recent progress note dated August 18, 2015, subjective complaints include ongoing low back pain with the recent flare. The left leg is improved. Objectively, there was guarding and tenderness of the lumbar spine with negative straight leg raising. The neurologic evaluation was intact. Current medications are Norco and Ultracet. According to a November 3, 2014 utilization review, Ultracet was non-certified based on lack of documented efficacy, no decrease in the VAS pain score and no return to work. There was no documentation demonstrating objective functional improvement to support ongoing Ultracet. There were no detailed pain assessments or risk assessments. There was no documentation indicating an attempt to wean Ultracet. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Tramadol 37.5/325 mg #120 is not medically necessary.