

Case Number:	CM15-0223174		
Date Assigned:	11/19/2015	Date of Injury:	09/19/2012
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/13/2015

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: Preventive Medicine, Occupational 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 62 year old female who sustained an industrial injury on 09-19-2012. According to an initial comprehensive pain management evaluation report dated 09-22-2015, the injured worker reported "severe" low back pain with bilateral leg radiation with numbness and weakness and bowel and bladder incontinence. Pain was rated 8-9 on a scale of 0-10. She reported that nothing had been helping her and that she had daily crying spells. Treatment to date has included medications, surgery complicated with cauda equina syndrome and postoperative physical therapy. Current medications included Tramadol 50 mg every four hours as needed, Naprosyn, Gabapentin, Prilosec and Myrbetriq. Diagnoses included cervical sprain strain, thoracic sprain strain, T7-8 and T8-T9 thoracic disc protrusion, lumbosacral sprain strain status postindustrial injury, lumbosacral spine surgery on 08-07-2013 with revision surgery with development of postoperative cauda equina syndrome, bilateral lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome and chronic reactive clinical depression secondary to chronic pain. Treatment supported included physical therapy, evaluation and treatment by urologist, Norco 5-325 mg up to four times a day, evaluation with chronic pain functional rehab, trial of spinal cord stimulator system if conservative modalities fail and evaluation by pain psychologist. The provider noted that the injured worker was not adequately receiving pain relief from current use of Tramadol. Work status was noted as per primary treating physician. On 10-13-2015, Utilization Review non-certified the request for Tramadol (Ultram) 50 mg quantity 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50mg qty 150: 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 for chronic pain, Weaning of Medications.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of quantifiable pain relief or evidence of functional improvement attributable to the prior use of Tramadol. Additionally, this request for 150 tablets does not imply close follow-up for efficacy or aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol (Ultram) 50mg qty 150 is determined to not be medically necessary.