

Case Number:	CM15-0032532		
Date Assigned:	02/26/2015	Date of Injury:	11/08/2007
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old male with an industrial injury dated 11/08/2007. His diagnoses include residual after right foot surgery (12/2012), right lower extremity complex regional pain syndrome, right hip pain, and lumbar strain, right inguinal pain, lumbar disc protrusion, and status post bilateral elbow contusions. Recent diagnostic testing has included a MRI of the lumbar spine (07/19/2014) showing a 1-2mm posterior disc bulge at the L5-S1 level without evidence of stenosis or narrowing. Previous treatments have included conservative measures, and medications. In a progress note dated 12/10/2014, the treating physician reports constant severe stabbing neck pain, and constant severe sharp stabbing throbbing low back and right hip pain, constant moderate to severe stabbing throbbing right foot pain, and constant moderate sharp and stabbing right groin pain. The objective examination revealed normal range of motion in the cervical and lumbar spines, right hip, and a tender and swollen right foot. The treating physician is requesting tramadol which was modified by the utilization review. On 01/23/2015, Utilization Review modified a prescription for Tramadol HCL 50mg #60 to the approval for weaning, noting that the medications is not recommended for long term use, and the lack of documented functional benefit and lack of adverse effects. The MTUS Guidelines were cited. On 02/20/2015, the injured worker submitted an application for IMR for review of Tramadol HCL 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol HCL 50 mg #60 is not medically necessary.