

Case Number:	CM15-0032891		
Date Assigned:	02/26/2015	Date of Injury:	09/16/2010
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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 (IW) is a 33-year-old male, who sustained an industrial injury on September 16, 2010. He has reported injury from a slip while carrying a 28-foot ladder. The diagnoses have included facet arthropathy of the lumbar spine. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, medications, bracing, and epidural steroid injections. Currently, the IW complains of back pain with occasional radiation into the legs down to the feet. He rates his pain level as 6/10. He reports paying out of pocket for continued chiropractic care, which he indicates as being helpful in pain reduction. The records indicate a magnetic resonance imaging of the lumbar spine in 2013, reveals degenerative disc disorder. Physical findings are noted to be decreased sensation to the L5 and S1 dermatomes on the right. On February 6, 2015, Utilization Review non-certified Tramadol 37.5/325mg #90 with one refill. The Chronic Pain Medical Treatment guidelines were cited. On February 20, 2015, the injured worker submitted an application for IMR for review of Tramadol 37.5/325mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #90 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 09/16/2010 and presents with low back pain which radiates down both legs down to the feet with numbness/tingling. The request is for Tramadol 37.5/325 mg #90 x1 refill. The RFA is dated 12/19/2014 and the patient is permanent and stationary. The patient has been taking tramadol as early as 08/07/2014. MTUS Guidelines pages 88 and 89 state, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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. On 08/07/2014, the patient rates his back pain as a 5/10. "He states that the medications help decrease his pain by about 50% and increase his activity level. He states the medications help increase his walking distance by about 30 minutes." On 12/09/2014, the patient rates his pain as a 6/10. On 12/19/2014, the patient rates his back pain as a 6/10. Although the treater provides pain scales and ADLs, not all 4As are addressed as required by MTUS Guidelines. There are no discussions provided regarding any aberrant behaviors/side effects the patient may have had. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. No urine drug screens are provided to indicate if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that that is required by MTUS Guidelines for continued opiate use. Therefore, the requested tramadol IS NOT medically necessary.