

Case Number:	CM15-0033257		
Date Assigned:	02/26/2015	Date of Injury:	09/08/2008
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
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, 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 51 year old male who sustained an industrial injury on 9/8/08. The injured worker reported symptoms in the back and right knee. The diagnoses included cervical spine herniated disc, lumbar spine herniated disc and right knee osteoarthritis. Treatments to date include acupuncture treatments, physical therapy, topical ointments, oral pain medications and activity modification. In a progress note dated 11/17/14 the treating provider reports "decreased range of motion and positive spasms." On 1/27/15 Utilization Review non-certified the request for Tramadol extended release 150 milligrams #60. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-96.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #60 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 by the 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. In this case, the injured worker's working diagnoses are C-spine Herniated nucleus pulposus; Lumbar Spine Herniated nucleus pulposus; illegible third diagnosis. The requesting physician's medical record is handwritten and largely illegible. The progress notes contain a checklist of nonnarcotic medications. The narcotic medications (reportedly prescribed) are not listed in the progress note dated January 19, 2015. In review, a progress note dated November 17, 2014 shows tramadol was requested and refilled. Urine drug screens for August 29, 2014, October 15, 2014, and December 9, 2014 were negative for tramadol. The treating physician did not address this inconsistency. On January 19, 2015, the request for authorization orders Tramadol ER 150 mg #60 (despite the three inconsistent urine drug screen). There are no risk assessments in the medical record. There were no detailed pain assessments in the medical record. There was no documentation of objective functional improvement with ongoing tramadol use. Consequently, absent compelling clinical documentation with objective functional improvement with three inconsistent urine drug screens that were negative for Tramadol, Tramadol ER 150 mg #60 is not medically necessary.