MAXIMUS Federal Services

Case Number:	CM15-0040432		
Date Assigned:	03/10/2015	Date of Injury:	01/02/2014
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/03/2015

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 is a 29 year old male, who sustained an industrial injury on 01/02/2014. He reported that while stooping with his knees slightly bent he forcefully pushed a tire back on its rim causing him to experience low back pain with nausea. The injured worker was diagnosed as having posterior disc protrusion at lumbar four to five. Treatment to date has included chiropractic care, magnetic resonance imaging of the lumbar spine, Toradol injection to the low back, use of a single point cane, medication regimen, and physical therapy. In a progress note dated 02/02/2015 the treating provider reports moderate tenderness upon palpation to the spinous process at lumbar four to five and to the right sacroiliac joint space. The treating physician also noted the injured worker to walk with a moderate antalgic gait. The injured worker has complaints of pain that is rated a four to five out of ten on the pain scale when he utilizes Tramadol and the treating physician requested a prescription of Tramadol during this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #90, 1 refill: Upheld

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

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 presents with low back pain. The request is for TRAMADOL HCL 50MG #90, 1 REFILL. The request for authorization is dated 02/02/15. The patient states that he is currently utilizing Tramadol 50mg tid, and when he utilizes this medication his pain levels are 4-5/10. He has to utilize his medication on a more frequent basis without lasting effects from those medications. The patient signed an opioid agreement. The patient's medications include Tramadol and Celebrex. The patient has completed 6 sessions of chiropractic physiotherapy treatments primarily utilizing a TENS unit.. He has noticed he has had a disruption in his normal sleep pattern. The patient walks with a moderately antalgic gait with the use of a single point cane. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "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. Treater does not specifically discuss this medication. The patient is prescribed Tramadol since at least 07/17/14. MTUS requires appropriate discussion of the 4A's, in terms of analgesia, per progress report dated, 07/17/14, treater states, "Moderate pain in his lumbar spine at a 5/10." However, patient states his pain level is 4-5/10 when utilizing Tramadol, essentially showing no significant pain reduction with use of Tramadol. In addressing the other 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. An opioid contract is signed by the patient on 02/02/15, but no UDS or CURES is provided. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.