

Case Number:	CM15-0045039		
Date Assigned:	03/16/2015	Date of Injury:	04/07/2000
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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, Hawaii
 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 71-year-old male who sustained an industrial injury on 4/7/00 involving his lower when he lifted an 80-pound box shortly after this he developed radiating pain to his right leg, foot and toes with numbness and tingling. He currently complains of lumbar spine pain with radiation down the right lower extremity to the heel with paresthesia. No current medications are specifically mentioned. Treatments to date include physical therapy; chiropractic therapy; anti-inflammatory medications; back brace; epidural steroid injection (8/9/00) with 70-80% improvement and another was given an injection on 9/11/02 with some benefit. Diagnostics included MRI of the lumbar spine (7/22/00, 10/22/02, and 10/16/13); electrodiagnostic studies (12/4/00). On 1/16/15, the treating provider requested Tramadol 50 mg # 120 with 3 refills and Prilosec 20 mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 with 3 refills: Upheld

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

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

Decision rationale: The patient presents with low back and left ankle/foot pain. The current request is for Tramadol 50mg #120 with 3 refills. The treating physician states, "Low back pain radiates to neck and right foot. The patient continues to have left ankle and left foot pain." (B.34) The progress report dated 01/16/15 (B30) is hand written and mostly illegible. The MTUS Guidelines do support Tramadol for chronic moderately severe pain. For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, the treating physician documents a baseline pain level of 8/10. However there is no indication as to improvement in pain levels while on the medication or any improved ADLs. There is also no documentation of adverse effects or behaviors that the patient experiences due to the use of this medication. The current request is not medically necessary and the recommendation is for denial.

Prilosec 20mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 68-69.

Decision rationale: The patient presents with low back and left ankle/foot pain. The current request is for Tramadol 50mg #120 with 3 refills. The treating physician states, "Low back pain radiates to neck and right foot. The patient continues to have left ankle and left foot pain." (B.34) The progress report dated 01/16/15 (B30) is hand written and mostly illegible. The MTUS Guidelines do support Tramadol for chronic moderately severe pain. For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, the treating physician documents a baseline pain level of 8/10. However there is no indication as to improvement in pain levels while on the medication or any improved ADLs. There is also no documentation of adverse effects or behaviors that the patient experiences due to the use of this medication. The current request is not medically necessary and the recommendation is for denial.

