

Case Number:	CM15-0045496		
Date Assigned:	03/17/2015	Date of Injury:	10/18/2013
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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 48-year-old male who sustained a work related injury October 18, 2013. Past medical history included chronic pain, diabetes and hypertension. Past surgical history includes neck surgery, knee surgery x 2, right shoulder rotator cuff repair, and pins to the right leg due to broken growth plate. According to a primary treating physician's progress report dated August 23, 2014, the injured worker presented with a recent flare-up of low back pain radiating to the left leg with numbness to his feet. He did have an epidural May 29, 2014, with noted 50% improvement of pain. Diagnoses included lumbar radiculopathy and cervical radiculopathy. Treatment plan includes adjustments to medication, compound topical cream, and avoidance of lifting more than 15 pounds and repetitive back motions. On September 20, 2014, the injured worker presented to the emergency room complaining of an exacerbation of low back pain with radiation down his left leg. He was treated with Dilaudid and Toradol and given a prescription for Hydrocodone/Acetaminophen 10/325mg as needed #15. Additional instructions included rest, heating pad, hot bath, stretching and massage and take medications as prescribed. Diagnostic impression is documented as acute exacerbation of chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60, 1-2 per day, only one month to allow time to show improvement and compliance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78, 80-82.

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

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. 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. 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 "4A'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. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of TRAMADOL ER 150 mg #60 is not medically necessary.