

Case Number:	CM15-0047746		
Date Assigned:	03/19/2015	Date of Injury:	01/08/2014
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/13/2015

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 40-year-old female, who sustained an industrial injury on January 8, 2014. The injured worker had reported a back injury. The diagnoses have included acute thoracolumbar strain, thoracolumbar contusion and bilateral lower extremity cramps. Treatment to date was not documented in the notes. Current documentation dated February 12, 2015 notes that the injured worker reported persistent thoracic spine and lumbar spine pain. The low back pain was noted to be constant, sharp and radiated to the right thigh. She also reported that the low back pain was worsening. The pain was noted to be better with rest and the pain medication Tramadol. Tramadol was noted to decrease the injured workers pain level from an eight to nine out of ten on the visual analogue scale to a five out of ten. Physical examination of the thoracic spine revealed tenderness over the paraspinal muscles and a decreased range of motion. Examination of the lumbar spine revealed tenderness of the paraspinal and midline areas and a decreased range of motion. The treating physician's plan of care included a request for Tramadol HCL for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride Tablets 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65 and 75-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The 40-year-old patient complains of pain in thoracic spine, rated at 8/10, and pain in lumbar spine, rated at 9/10, radiating to the right thigh, as per progress report dated 02/12/15. The request is for TRAMADOL HYDROCHLORIDE TABLETS 50 mg # 60. The RFA for the case is dated 01/08/15, and the patient's date of injury is 01/08/14. Diagnoses, as per progress report dated 02/12/15, included acute thoracolumbar strain, thoracolumbar contusion, and bilateral lower extremity cramps. The patient is currently working, as per the same report. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Ultram or Tramadol is first noted in progress report dated 12/29/14. In progress report dated 02/12/15, the treating physician states that Tramadol helps reduce pain from 8-9/10 to 4/10. Although the patient is currently working indicating high function, the physician does not use a validated scale to demonstrate a measurable improvement in function. Additionally, the physician states that there is no sign of abuse or adverse reaction and requests for a urine toxicology test but does not provide any prior UDS or CURES reports for review. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.