

Case Number:	CM15-0049260		
Date Assigned:	03/23/2015	Date of Injury:	03/15/2013
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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 35 year old male, who sustained an industrial injury to the back on 3/15/13. The diagnoses have included sciatica and displacement of lumbar vertebral disc without myelopathy. Treatment to date has included medications, physical therapy 36 sessions, chiropractic 12 sessions, Home Exercise Program (HEP) and conservative measures. Currently, as per the physician progress note dated 2/13/15, the injured worker complains of lumbosacral pain rated 6/10 on pain scale with medication and 9/10 without medication. He also complains of neck pain that radiates to bilateral shoulders, which was rated 3-6/10 on pain scale. The physical exam revealed tenderness to the lumbosacral spine and left knee. There was positive patellar compression test and crepitus with range of motion over the patella. The urine drug screen dated 1/27/15 was inconsistent with the medications prescribed. The current medications included Ibuprofen and Tramadol. The therapy sessions were not noted. It was noted that the physician wanted him to continue taking Tramadol. The physician requested treatment include Tramadol 50 mg, ninety count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-94.

Decision rationale: The patient presents with low back pain. The current request is for Tramadol 50 mg, ninety count. The treating physician states, "The patient's pain killers give moderate relief from pain. Even when the patient takes medication, the patient sleeps less than 4 hours." (8) The UR doctor also documents that the patient's urine drug screens have been inconsistent. For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient gets some relief from this medication but has not documented before or after pain scales, there is no mention of any functional improvement with medication usage and there is no discussion regarding side effects. Additionally, the physician has documented that the patient's UDS have been inconsistent. The current request is not medically necessary and the recommendation is for denial.