

Case Number:	CM15-0057394		
Date Assigned:	04/02/2015	Date of Injury:	07/16/2011
Decision Date:	05/04/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 33 year old male, who sustained an industrial injury on July 16, 2011. He reported back pain radiating to the bilateral lower extremities. The injured worker was diagnosed as having low back pain, lumbar radiculopathy, chronic pain syndrome, and status post lumbar 5-sacral 1 laminectomy in 2011. Treatment to date has included x-rays, MRI, electrodiagnostic studies, physical therapy, home exercise program, work modifications, and medications including pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On February 6, 2015, the injured worker complains of low back pain, posterior leg aching and burning, and a little aching in the left thigh. Physical therapy increased his pain. He has leg pain that keeps him awake at night. His current muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications are not providing good relief. His pain level is 10/10 without medication and 7/10 with medication. The physical exam revealed mild tenderness of the lower lumbar paraspinal muscles, pain with forward flexion and extension, and normal reflexes of the bilateral lower extremities, except for an absent left Achilles. There was decreased strength of the left lower extremity, decreased sensation in the left posterior and lateral leg, and a positive left straight leg raise. The treatment plan includes discontinuing his current muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications, and starting pain and anticonvulsant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Tramadol ER 150 MG #60 is not medically necessary.