

Case Number:	CM15-0060265		
Date Assigned:	04/06/2015	Date of Injury:	06/11/2014
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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 49-year-old female, with a reported date of injury of 06/11/2014. The diagnoses include lumbar sprain/strain and myofascial pain. Treatments to date have included oral medications including Tramadol, physical therapy, an electrodiagnostic study, an MRI of the lumbar spine, and an MRI of the cervical spine. The progress report dated 03/13/2015 indicates that the injured worker complained of thoracic spine and lumbar spine pain. She rated the pain 9 out of 10 without medications, and after taking medications, the pain rate remained the same. The objective findings include moderate muscle spasms in the bilateral hands, bilateral wrists, bilateral shins, bilateral ankles, bilateral feet, left sacroiliac, right sacroiliac, bilateral lower thoracic, and bilateral lumbar. The treating physician requested Tramadol 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, 120 count: Upheld

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

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

Decision rationale: The patient presents with pain affecting the thoracic and lumbar spine. The current request is for Tramadol 50 mg, 120 count. The treating physician report dated 3/13/15 (8B) states, "On a scale of 0 to 10 with 10 being the worst; her pain scale 9 without medications and after taking medications the pain (is) still (the) same". MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Tramadol since at least 9/24/14. The report dated 3/13/15 notes that the patient's pain is 9/10 while on current medication. No adverse effects or adverse behavior were discussed by the patient. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed and functional improvement has not been documented. Furthermore, the report dated 3/13/15, shows the patient has received no analgesic benefit from the use of this medication. Recommendation is for denial and slow weaning per the MTUS guidelines. Therefore the request is not medically necessary.