

Case Number:	CM15-0086249		
Date Assigned:	05/08/2015	Date of Injury:	03/18/2010
Decision Date:	06/25/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/05/2015

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: Emergency 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 57 year old, female who sustained a work related injury on 3/18/10. The diagnoses have included degenerative disc disease, facet arthropathy, lumbar stenosis and cervical arthralgia. The treatments have included oral medications, 18 sessions of acupuncture with some benefit, 16 chiropractic treatments with much benefit and home exercises. In the PR-2 dated 2/13/15, the injured worker complains of ongoing low back pain. She describes the pain as constant, stabbing and burning with burning and tingling down both legs, left greater than right. She also complains of neck pain with pain, numbness and tingling down the right arm. She rates her pain level an 8/10. Since last office visit, her symptoms have remained unchanged. She states that exercises and daily stretching helps to decrease her pain. She has limited range of motion in the lumbar spine. She had tenderness to palpation of the cervical and lumbar spine with spasms. The treatment plan includes a request for authorization for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol / APAP 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: The request is for tramadol, which is a synthetic opioid for treatment of mild to moderate pain. Opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56%. Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. Opioids may play a role in the long-term management of chronic pain, but must meet strict criteria for ongoing use. 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 documentation provided for review do not meet the MTUS criteria for long-term use of opioids for chronic pain management, and therefore the request is not medically necessary.