MAXIMUS Federal Services

Case Number:	CM15-0086701		
Date Assigned:	05/08/2015	Date of Injury:	07/28/2008
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
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:

This is a 70 year old male with a July 28, 2008 date of injury. A progress note dated April 2, 2015 documents subjective findings (pain that is rated at a level of 9-10/10 without pain medications and 3-8/10 with pain medications; excessive fatigue; difficulty walking; difficulty sleeping), objective findings (walking slower, non-antalgic gait; right leg weaker than left, cannot do toe walking; right L5-S1 dermatome decreased sensation to temperature and pinprick; positive right straight leg raise), and current diagnoses (L1 fracture status post fall and kyphoplasty repair; lumbago; L4-5 spondylolisthesis). Treatments to date have included medications, surgery, and exercise. The medical record identifies that medications help control the pain, and that there was decreased efficacy of the medications when dosages were lowered. The documentation indicates that the injured worker was traveling more than three hours for evaluations. The treating physician documented a plan of care that included Gabapentin, Tramadol, and follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Tramadol HCL 50mg, #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 76-80; 80.

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 re-assessment 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 notes from the treating physician describe the functional capacity of the injured worker and also denotes the pain level as 9-10/10 without pain medication and 3-8/10 with pain medication. The notation of pain has consistently been the same throughout all documentation provided for review, and do not clearly show an improvement. The injured worker appears to have some benefit from use of tramadol, but the request for a 3 month prescription for an opioid that does not appear to be leading to a continual improvement does not appear to meet the criteria of the MTUS for the chronic use of opioids. Therefore, the request as written is not medically necessary.

One follow-up with the primary care provider: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic) Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: The request is for follow-up with primary care provider. Review of physician documentation from 4/2/2015, within the section marked "Treatment Plan" contains the following line: "Follow up with PCP for any medical or healthcare concerns." This does not appear to be a request for authorization, but is a statement of fact. It appears to be a misunderstanding. Regardless, follow up with primary care physician for non-injury related complaints would not fall within the purview of workers compensation. Therefore, the request is not medically necessary for management of chronic pain in relation to the original job-related injury.