MAXIMUS Federal Services

Case Number:	CM15-0086723		
Date Assigned:	05/11/2015	Date of Injury:	07/25/2007
Decision Date:	06/19/2015	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: Montana
Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old female who sustained an industrial injury on 7/25/2007. Her diagnoses include: post-laminectomy syndrome of lumbar regions; neurogenic bladder and bowel; and radial styloid tenosynovitis. No current imaging studies or x-rays are noted. Her treatments have included the successful completion of a functional restoration program; a home exercise program; working on "RTW" options; medication management with the tapering down of Methadone and review of the long-term controlled substance agreement; acupuncture; and permanent work restrictions. Progress notes of 3/26/2015 reported complaints of chronic pain of the lumbar spine and right thumb; reports of better coping with the tapering down of her medications, and compliance with doing her home exercise program and with urine toxicology screenings. Objective findings were noted to include continued issues with stress incontinence of the bladder, review of her bladder studies and her home exercise program - effective; and notation for the need of further pelvic muscle stabilization. The physician's requests for treatments were noted to include continuing Tramadol as needed for moderate pain and Metropolol for blood pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-78 and 93-94.

Decision rationale: The MTUS notes that Tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of Tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months.The medical records do not support use of Tramadol within the MTUS guidelines noted above. There is no documented pain assessment, which should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The request does not indicate the number of tablets dispensed or how it is to be taken. The treatment note of 3/26/15 notes that Tramadol was discontinued because of lack of efficacy. Without the requested quantity and documented efficacy, the request for Tramadol 50 mg is not medically necessary.

Metoprolol 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epocrates, metoprolol and product information.

Decision rationale: Metoprolol is a beta-blocker used for migraine headaches, hypertension and other cardiac conditions. The MTUS and ODG guidelines do not address the use of metoprolol. As requested, there is no quantity to be dispensed or indication of refills. The records do not address efficacy for this medication. The request for metoprolol 25mg is not medically necessary.