

Case Number:	CM15-0233798		
Date Assigned:	12/09/2015	Date of Injury:	05/02/2014
Decision Date:	01/15/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	11/30/2015

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

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 51 year old male who sustained an industrial injury May 2, 2014. Past treatment included medication, chiropractic treatment, and TENS (transcutaneous electrical nerve stimulation) unit. Diagnoses are documented as; thoracic or lumbosacral neuritis or radiculitis, unspecified; displacement of lumbar intervertebral disc without myelopathy. According to a nurse practitioner's office notes dated October 27, 2015, the injured worker presented for follow-up visit with complaints of pain in the lower back with radiation to the left leg more than the right, with numbness. The pain is associated with tingling and numbness in the right leg. He rated pain 7 out of 10 with medication and 9 out of 10 without medication. The pain decreases with standing and relaxing. He reports 50% of pain in his leg and 100% of pain in his back. He can walk 2-3 blocks before stopping due to pain. He has reported improvement in pain, sleep and range of motion with the use of Tramadol (since at least July 31, 2014) and Naproxen. Objective findings included; lumbar spine- limited range of motion, tenderness, sciatic notch tenderness on the right, positive lumbar facet loading maneuver bilaterally, negative straight leg raise bilaterally seated and supine to 50 degrees; bilateral knees full range of motion; sensory fully intact throughout the bilateral lower extremities. Urine toxicology was performed with negative results pending lab results. Treatment plan included recommendation for epidural steroid injection and medications. At issue, is the request for authorization for Tramadol ER. According to utilization review dated November 17, 2015, the requests for Naproxen, Prilosec, and a urine drug screen were certified. The request for Tramadol ER 150mg #30 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 51 year old patient complains of low back pain radiating to bilateral lower extremities with numbness, rated at 9/10 with medication, as per progress report dated 10/27/15. The request is for TRAMADOL ER 150mg #30. The RFA for this case is dated 11/05/15, and the patient's date of injury is 05/02/14. Diagnoses, as per progress report dated 10/27/15, included displacement of lumbar intervertebral disc and thoracic or lumbosacral neuritis or radiculitis. Medications included Tramadol, Naproxen and Prilosec. The patient is on EDD, as per progress report dated 10/27/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In this case, Tramadol is first noticed in progress report dated 07/31/14. This appears to be the first prescription for this medication. As per progress report dated 10/27/15, the patient noted pain, sleep and range of motion improvement with medications including Tramadol and Naproxen. The most recent urine toxicology testing performed at the doctor's office was negative. The treater is awaiting lab results. In an appeal letter, dated 11/24/15 (after the UR denial date), the treater lists MTUS guidelines regarding Tramadol in detail. The treater, nonetheless, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No CURES report was provided to address aberrant behavior. The treater does not discuss the side effects of the opioid as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Additionally, MTUS p80, 81 states

regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.