

Case Number:	CM14-0116609		
Date Assigned:	08/06/2014	Date of Injury:	07/16/2007
Decision Date:	10/08/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who sustained an injury on 07/16/07. She had chronic lumbar backache, predominant left lower extremity radiculopathy more than right, lower extremity with neuropathic pain, and recurrent myofascial strain. She continues to have insomnia and anxiety due to stress. She had tenderness in the epigastrium. Low back was tender and tense with limited forward and backward bending. Lumbar spine MRI of 04/8/09 documented multilevel disc bulges at L3-4, L4-5, and L5-S1 levels. She has Ibuprofen-induced gastritis. Zoloft was increased to 150 mg daily with some improvement. Additionally, antidepressants Seroquel was prescribed and Clonazepam was discontinued. Diagnoses include major depressive disorder, recurrent episode, unspecified; insomnia due to medical condition classified elsewhere, and intervertebral lumbar disc disorder with myelopathy, lumbar region. The request for Tramadol HCL 50 mg #60, Refills x3 was modified on 07/18/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg #60, Refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 16, 56-57, 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 91-93.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it be indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. In this case, there is no documentation of return to work. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use. There is no evidence of urine drug test in order to monitor compliance. Furthermore, concurrent use of Tramadol and antidepressants are not recommended due to risk of adverse reactions. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Tramadol has not been established based on guidelines and lack of documentation.