

Case Number:	CM14-0131241		
Date Assigned:	08/20/2014	Date of Injury:	01/13/2006
Decision Date:	10/09/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/15/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 57 year old male who reported an injury on 01/13/2006 with an unknown mechanism of injury. The injured worker was diagnosed with lumbosacral disc degeneration, post laminectomy syndrome of lumbar region, lumbosacral neuritis or radiculopathy, and sleep disturbance. The injured worker was treated with medications and a spinal cord stimulator. The injured worker had a thoracic spine x-ray on 10/26/2013 and a CPAP study on 02/16/2012. The injured worker previously underwent a laminectomy. On the clinical note dated 07/02/2014, the injured worker complained of low back pain, bilateral leg pain, and intermittent rib stimulation from spinal cord stimulator with no stimulation felt on the left side from spinal cord stimulator. The injured worker rated his pain as 6/10 on average. The injured worker had no functional deficits indicated on the physical examination. The injured worker was prescribed gabapentin 600mg four times a day, buprenorphine 8mg four times a day, and tramadol Hcl 50 mg every 4-6 hours as needed. The treatment plan was for tramadol hydrochloride tablets 50 mg. The rationale for the requested medication was recommended to better control the injured worker's pain. The request for authorization was dated 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride Tablets, 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol Hydrochloride Tablets, 50mg is not medically necessary. The injured worker is diagnosed with lumbosacral disc degeneration, post laminectomy syndrome of lumbar region, lumbosacral neuritis or radiculopathy, and sleep disturbance. The injured worker complained of low back pain, bilateral leg pain, and intermittent rib stimulation from spinal cord stimulator with no stimulation felt on the left side from spinal cord stimulator. The injured worker rated his pain 6/10 on average. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day. The injured worker's medical records lack the documentation of pain rating pre and post medication, current pain rating, the least reported pain over the period since last assessment, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The documentation did not include a recent urine drug screen. The injured worker has been prescribed Tramadol Hcl 50mg since at least 07/02/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Also, the request does not indicate the frequency or quantity of the medication. As such, the request for Tramadol Hydrochloride Tablets, 50mg is not medically necessary.