

Case Number:	CM14-0141886		
Date Assigned:	09/10/2014	Date of Injury:	08/21/2006
Decision Date:	10/10/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 42-year-old male who reported an injury on 08/21/2006, caused by an unspecified mechanism. The injured worker's treatment history included physical therapy, x-rays, MRI studies, medications, and a sleep study. The injured worker was evaluated on 07/16/2014 and it is documented the injured worker complained of low back pain and right foot/ankle pain due to reflex sympathetic dystrophy. He currently was taking naproxen and Omeprazole with some benefit and tolerates it well. It feels that the addition of tramadol has been helpful. The injured worker rated his pain at 6/10 to 7/10 in intensity with pain medications and as 10/10 in intensity without pain medications. His pain was worse with sitting, standing, walking, bending, and lifting. His pain was better with lying down, medications, and physical therapy. The injured worker had a urine drug screen on 05/30/2014 that was consistent with tramadol. It was documented that the injured worker's previous urine toxicology analysis on 03/17/2014 tested positive for methamphetamines and negative for hydrocodone. This was inconsistent with what was being prescribed. The physical examination revealed the lumbar spine had 4/5 right lower extremity strength, 5/5 on the right lower extremity, and sensation was decreased in the right lateral leg. There was no clonus or increased tone. There was tenderness over the paraspinals. There was increased pain with flexion and extension. Straight leg raise was positive on the right. Medications included naproxen 550 mg, Omeprazole 20 mg, Enbrel 50 mg, methotrexate 2.5 mg, and tramadol 50 mg. Diagnoses included CRPS lower limb, right ankle pain, fracture talus closed history of right foot, degenerative disc disease lumbar, depression, insomnia, GERD, and shoulder pain left. The Request for Authorization dated 07/22/2014 was for tramadol 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009).

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. In addition, the request does not include the frequency. In addition, there was a lack of evidence of outcome measurements of conservative care such as physical therapy or home exercise regimen outcome improvements noted for the injured. The urine drug screen submitted showed inconsistency with tramadol usage. As such, the request for Tramadol 50 mg is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, May 2009; (substance ab.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per the California (MTUS) Chronic Pain Medical Guidelines urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids and ongoing management: opioids, differentiation: dependence and addiction; opioids, screening for risk of addiction (tests); and opioids, steps to avoid misuse/addiction. The injured worker has several urine drug screens. The guidelines recommend urine drug screen once a year. Given the above, the request for the Urine Drug Screen is not medically necessary.