

Case Number:	CM14-0145388		
Date Assigned:	09/12/2014	Date of Injury:	05/23/2013
Decision Date:	10/14/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/08/2014

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 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:

Patient is a 32-year-old male who submitted a claim for Lumbar spine pain; Lumbar facet arthritis; and lumbar herniated nucleus pulposus with foraminal narrowing, associated with an industrial injury date of 05/23/14. Medical records from 2013 to 2014 were reviewed. Patient apparently sustained a back injury while he and a co-worker were lifting a generator when he took a step back and felt his right leg give out from underneath him and felt a 'pop' in the right side of his lower back with right hip pain. He has had chiropractic therapy and medications which he reports helped with the pain. 05/22/14 report revealed patient had constant low back pain that is moderate to severe in intensity, with frequent stiffness and knots over the lumbar paraspinal musculature, with noted difficulty bending over and performing heavy lifting, pushing or pulling activities. He also experiences sharp stabbing pain when with sudden twisting, turning, coughing or sneezing. The pain is described as radiating down the right lower extremity extending to the foot and toes. The pain is exacerbated by prolonged or repetitive standing and walking and by ascending or descending stairs and ladders. ADLs (activities of daily living) are mild to moderately impaired by the pain. On physical examination, the lumbar spine was non-tender, flexion at 65 degrees, extension at 60 degrees, lateral bending at 80 degrees, right and 90 degrees, left, with mild spasm noted with ROMs (range of motion). Straight leg raising was negative bilaterally, with no motor or sensory deficit in all extremities. Plan was to continue medications and orthopedic evaluations as needed. However, since at least 04/08/14, patient stopped taking his oral medications due to reported intolerance. Patient is also on medical marijuana with a urine drug screen showing positive for metabolites of THC. Treatment to date has included chiropractic therapy, acupuncture, home exercise programs and medications (Ketoprofen, Cyclobenzaprine and tramadol since at least 10/01/13 and medical marijuana since at least 05/01/14). Utilization review dated 8/23/14 denied the prospective request for prescription

of Tramadol 150mg #30. The above mentioned document was sent incompletely with missing page(s) and the rationale for denial of the requested treatment was not stated in the available record sent for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prospective request for 1 prescription of Tramadol 150mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section, Tramadol Page(s): 74-81, 84.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting opioid analgesic reported to be effective in the treatment of neuropathic pain, but is not recommended as a first-line oral analgesic. Although the use of Tramadol for chronic back pain is efficacious, it is limited to short-term pain relief only. It has been shown on Cochrane studies to be associated with decreased pain intensity, produced symptom relief and improved function for a time period of up to 3 months, but adverse events often caused study participants to discontinue this medication, limiting its usefulness. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. Also, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, patient has been using Tramadol since at least 10/01/13 to at least 04/08/14. Patient had concomitant use of Ketoprofen, however, there was no documentation of patient's response or treatment failure to the said first-line medication prior to the use of Tramadol. Also, there was no documentation of improvement in patient's pain in relation to his performance of ADLs with the use of Tramadol. Although there was ongoing monitoring of opioid use with regards to side effects and drug-related behaviors, there was neither noted pain relief nor improved functioning. There were likewise several incomplete documents submitted for this medical review. Therefore, the prospective request for prescription of Tramadol 150mg, #30 is not medically necessary.