

Case Number:	CM14-0148941		
Date Assigned:	09/18/2014	Date of Injury:	02/07/2005
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/12/2014

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, has a subspecialty in Interventional Spine 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 patient is a 37 year old male with an injury date of 02/07/05. Based on the 07/17/14 progress report by [REDACTED] the patient complains of low back pain rated 9/10 that radiates down right lower extremity. Physical examination to the lumbar spine reveals decreased range of motion, especially on extension 5 degrees. Patient is on modified duty. His medications include Tramadol, Norco, Tizanidine, Prilosec and Mobic. Tramadol is mentioned in progress report dated 03/18/14. Diagnosis 07/17/14- lumbar displacement of intervertebral disc without myelopathy- right sciatica- cervicobrachial syndrome- probable post traumatic hypertension- probable post traumatic insomnia- post traumatic anxiety and depression- post op, lumbar spine Treater states that pain meds contract was completed when Tramadol was dispensed, and that treatment goal is to decrease pain and increase function, per progress report dated 07/17/14. [REDACTED] is requesting Tramadol HCl 150mg #90. The utilization review determination being challenged is dated 09/08/14. The rationale "patient has been taking opiate at least from September 2013 and long term usage is not supported." [REDACTED] is the requesting provider, and he provided treatment reports from 03/18/14 - 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with low back pain rated 9/10 that radiates down right lower extremity. The request is for Tramadol HCl 150mg #90. Diagnosis dated 07/17/14 includes post op lumbar spine (procedure nor date specified) and lumbar displacement of intervertebral disc without myelopathy. Treater states that pain meds contract was completed when Tramadol was dispensed, and that treatment goal is to decrease pain and increase function, per progress report dated 07/17/14. However, Tramadol was mentioned in progress report dated 03/18/14. MTUS Guidelines 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 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. In this case, while the treater provides a general statement that the goal of Tramadol is to decrease pain and increase function; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, this request is not medically necessary.