

Case Number:	CM14-0181449		
Date Assigned:	11/06/2014	Date of Injury:	07/19/2001
Decision Date:	12/11/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/31/2014

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 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:

This is a 50-year-old female with a 7/19/01 date of injury. She injured her low back as a result of an industrial lifting. According to a progress report dated 10/7/14, the patient complained of chronic, severe low back pain that radiated down her bilateral hips and legs, rated as a 7/10. On a good day, she rated her pain as a 5/10 and on a bad day, she rated her pain as a 10/10. She no longer experienced any pain relief or functional improvement from her last bilateral RFA at L3-L4 and Dorsal Ramus L5 on 3/10/14. The provider has requested a repeat RFA in view of her high response to the last RFA in March. The provider has started the patient on Tramadol ER in the hopes of reducing this medication after her RFA. Objective findings: tenderness to palpation of paraspinal; significant tenderness in her low back over L4, 5; pain seems axial in nature. Diagnostic impression: lumbosacral spondylosis without myelopathy. Treatment to date: medication management, activity modification, ESI, massage, physical therapy, acupuncture, chiropractic, and TENS unit. A UR decision dated 10/28/14 denied the request for Tramadol ER. The patient has been approved for an additional RFA treatment, which would reduce the need for opioid medication. There did not appear to have been any recent prior use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for tramadol HCL ER 150mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Opioids, Criteria for use

Decision rationale: CA MTUS does not specifically address the issue of initiating treatment with opioids. According to ODG, criteria prior to the use of opioids include: failure of a trial of non-opioid analgesics; baseline pain and functional assessments should be made; one physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur; a pain-related assessment including history of pain treatment and effect on pain and function. However, in the present case, a request for RFA treatment on the same date has been certified in the 10/28/14 UR decision. It is noted that this is a request to initiate treatment with the opioid medication, Tramadol ER. Guidelines do not support the initiation of more than 1 treatment modality due to difficulty in establishing efficacy. Therefore, the request for 1 Prescription for Tramadol HCL ER 150mg #30 is not medically necessary.