

Case Number:	CM14-0098952		
Date Assigned:	07/28/2014	Date of Injury:	06/09/2011
Decision Date:	09/18/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 56 years old male with an injury date on 06/09/2011. Based on the 05/07/2014 progress report provided by [REDACTED], the diagnoses are: 1. Thoracic cage trauma on the right side. 2. Intercostals neuralgia, T9, T10, T11 and T12 levels on the right side. 3. Thoracic facet arthropathy T9 to T12 more on the right side. 4. Right inguinal hernia. 5. Rule out left inguinal hernia. According to this report, the patient complains of mid back pain and right chest wall pain. The patient rated the pain as a 6-7/10 going to 8/10 when exacerbated by prolonged sitting, standing or twisting. The pain is described as constant throbbing and deep. Medications helps decrease the pain temporarily. The patient cannot sit for more than an hour or walk more than 30 minutes. The patient also cannot sleep on the right side and has limitation of activities of daily living. Thoracic/lumbar range of motion is limited with pain on the right. Pain is noted at the lumbar facets, right T9, T10, T11, T12 and the corresponding ribs. The 01/31/2014 report indicates the patient pain levels is at a 6/10. There were no other significant findings noted on this report. The utilization review denied the request on 06/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/04/2013 to 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids in musculoskeletal pain; Medications for chronic pain; Criteria for use of Opioids; Opioids for chronic pain Page(s): 60,61; 88, 89; 80, 81.

Decision rationale: According to the 05/07/2014 report by [REDACTED] this patient presents with mid back pain and right chest wall pain. The treater is requesting Tramadol 50 mg#60. Tramadol was first mentioned in the 11/21/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines therefore Tramadol 50mg #60 is not medically necessary.