

Case Number:	CM14-0199972		
Date Assigned:	12/10/2014	Date of Injury:	12/20/1994
Decision Date:	01/22/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 69 year old male with a work related injury dated 12/20/2014. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 09/29/2014, the injured worker presented with complaints of chronic neck and low back pain. Diagnoses included cervical spine myofascial sprain/strain, cervical discogenic pain, lumbar spine myofascial sprain/strain, lumbar disc protrusion L3-4, L4-5, L5-S1, and left L5 lumbar radiculitis. Treatments have consisted of medications. Diagnostic testing included urine toxicology screen performed on 01/20/2014 and Tramadol was not detected. MRI of the lumbar spine performed on 10/15/2012 showed a 5mm asymmetric disc bulge towards the left at L4-5 in a foraminal location, mild central canal narrowing and moderate left foraminal stenosis, and 2mm disc protrusion at L5-S1 and a 3mm disc bulge at L3-4. Work status is noted as permanent and stationary. On 10/30/2014, Utilization Review non-certified the request for 1 prescription of Tramadol XR 150mg #60 citing California Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated the injured worker continued to experience chronic neck and low back pain with no change from previous progress examination and was previously recommended to be weaned from the medication due to lack of functional improvement. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol XR 150mg quantity 60 that was dispensed on 09/29/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear documentation of pain and functional improvement with previous use of Ultram. There is no clear documentation of continuous documentation of patient compliance to his medications. There is no documentation of the medical necessity of Ultram. Therefore, the prescription of Tramadol XR 150mg quantity 60 that was dispensed on 09/29/2014 is not medically necessary.