

Case Number:	CM14-0212348		
Date Assigned:	01/02/2015	Date of Injury:	08/23/2013
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female with date of injury 8/23/13. The treating physician report dated 11/19/14 (35) indicates that the patient presents with constant moderate 7/10 sharp lower back pain that radiates into the legs bilaterally as well as left shoulder pain. The physical examination findings reveal decreased lumbar ranges of motion, positive Kemp's test, positive supraspinatus press and shoulder apprehension. The physician notes that the patient has relief from medication. Prior treatment history includes medication management, left shoulder surgery on 9/27/13 and 2/10/14, lumbar surgery and physical therapy. Current work status is listed as totally temporarily disabled. The current diagnoses are: 1.Lumbar pain 2.Status post surgery, lumbar spine 3.Left shoulder pain 4.Lumbar IVD syndrome. The utilization review report dated 12/10/14 (4) denied the request for Tramadol based on lack of documentation as required by the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-96.

Decision rationale: The patient presents with constant, moderate, 7/10 sharp, lower back pain that radiates into the legs bilaterally as well as left shoulder pain. The current request is for Tramadol ER 100mg #45. The patient has been prescribed this medication since at least 8/14/14. The treating physician states, "Relief from medication." For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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, there is no documentation of before and after pain scales, no discussion of ADLs, functional improvements or return to work, and there is no discussion of side effects or aberrant behaviors. There is no way to tell if this medication is providing any functional improvements in the patient's condition. The MTUS guidelines require much more thorough documentation to allow ongoing opioid usage. The current request is not medically necessary.