

Case Number:	CM14-0213396		
Date Assigned:	12/30/2014	Date of Injury:	06/08/2005
Decision Date:	02/24/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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: Tennessee, Mississippi
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 58-year-old female with a 6/8/05 date of injury. According to a progress report dated 11/5/14, the patient has completed treatment with a psychologist, neurologist, and internist with benefit. He stated that his lumbar spine was his greatest complaint with a new onset of locking sensation in the lumbar spine that occurred after sitting for either a long or short period of time. He stated that his internal medicine, psyche, and sleep issues have resolved. Objective findings: tenderness on the left side of paraspinal, muscle tenderness in the left side buttocks region, 4/5 quadriceps strength test on left, 5/5 on right. Diagnostic impression: cervical thoracic strain/arthrosis with central foraminal stenosis, status post L2 fracture with posterior decompression with instrumented fusion at L1-L3, neurological diagnosis, internal medicine diagnosis, psychiatric diagnosis, sleep disturbance. Treatment to date: medication management, activity modification, surgery, home exercise program. A UR decision dated 11/25/14 denied the request for Tramadol 50mg #30. It does not appear this patient is using this drug. Urine drug screens on 3/5/14, 9/20/13, 6/22/13, and 8/8/14 were all inconsistent and did not detect tramadol. In addition, this medication does not continue to demonstrate effectiveness in continued pain reduction or functional improvements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Tramadol, Opiates Page(s): 113; 78-81.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. The UR decision dated 11/25/14 stated that urine drug screens from 3/5/14, 9/20/13, 6/22/13, and 8/8/14 were inconsistent for tramadol use. There is no documentation that the provider has addressed this issue. Furthermore, given the 2005 date of injury, nearly a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Tramadol 50mg #60 is not medically necessary.