

Case Number:	CM14-0216451		
Date Assigned:	01/06/2015	Date of Injury:	01/11/2007
Decision Date:	02/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/24/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 49-year-old man with a date of injury of January 11, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post lumbar fusion July 8, 2009; and mechanical lower back. Pursuant to the most recent progress note dated October 13, 2014, subjective documentation reveals steady lumbar spine. He is working. Objectively, deep tendon reflexes are positive. There is lumbar spine tenderness. Current medications include Tramadol 50mg, and Hydrocodone/APAP 7.5/325mg. The IW has been taking Tramadol and Hydrocodone since at least July 14, 2014, which was the earliest progress note in the medical record by the treating physician. There were no detailed pain assessments of risk assessments in the medical record. There were no urine drug screens in the medical record. There was no evidence of objective functional improvement associated with the ongoing use of Tramadol and Hydrocodone. According to the Notice of Utilization Review Decision dated December 11, 2014, Hydrocodone/APAP 7.5/325mg #180 was certified for the single instance to allow the treating physician to document derived functional benefit if any, or initiate a weaning process. The Tramadol was denied. The current request is for Tramadol 50mg #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #360 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are status post lumbar fusion July 8, 2009; and mechanical lower back. The documentation indicates the injured worker has been taking tramadol and hydrocodone since July 14, 2014. There were no detailed pain assessments or risk assessments in the medical record. There were no urine drug screens in the medical record. There was no documentation of objective functional improvement associated with the ongoing tramadol and hydrocodone use. Consequently, absent clinical documentation to support the ongoing use of Tramadol 50 mg in the absence of objective functional improvement, taken concurrently with the second opiate, Tramadol 50 mg #360 is not medically necessary.