

Case Number:	CM14-0218191		
Date Assigned:	01/07/2015	Date of Injury:	01/07/2003
Decision Date:	03/06/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/30/2014

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
 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:

This is a 50 year old male with a work related back injury dated 01/07/2003 after an industrial gate fell on his back. According to a primary physician's progress report dated 12/08/2014, the injured worker presented with complaints of no change in lower back and knees are giving him trouble now. Diagnoses included lumbar spine radiculitis with myofasciitis. Treatments have consisted of physical therapy, epidural steroid injections, L4-5 and L5-S1 laminectomy and fusion in 2008, and medications. Diagnostic testing included x-rays to bilateral which showed mild degenerative joint disease with medial joint space narrowing and urine drug screen on 10/15/2014 which was positive for Tramadol and carisoprodol. Work status is noted as permanent and stationary. On 12/23/2014, Utilization Review non-certified the request for 1 Prescription of Tramadol 50mg #180 citing California Chronic Medical Treatment Guidelines. The Utilization Review physician stated the injured worker has been using the medication on a long term basis without any quantifiable evidence of improvement in function. 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:

1 Prescription of Tramadol 50mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Chapter 3 Pages 47-48. Chapter 12 Pages 308-310.,Chronic Pain Treatment Guidelines Opioids Page 74-96. Tramadol (Ultram) Pages 93-94, 113, 123.. Decision based on Non-MTUS Citation FDA Prescribing Information Tramadol <http://www.drugs.com/pro/tramadol-capsules.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. MTUS Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for low back conditions. The initial comprehensive pain management report dated October 15, 2014 documented a history of stage III renal failure and liver disorder. FDA guidelines warn against the use of Tramadol in patient with renal and hepatic impairment. Therefore, the use of Tramadol in this patient with a history of renal failure and liver impairment is not supported by FDA guidelines. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. The request for Tramadol is not supported by MTUS and ACOEM guidelines. Therefore, the request for a prescription of Tramadol 50 mg #180 is not medically necessary.