

Case Number:	CM14-0219009		
Date Assigned:	01/09/2015	Date of Injury:	07/30/2007
Decision Date:	03/11/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/31/2014

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: 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 injured worker is a 56 year old female with a date of injury as 07/30/2007. The current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, sacroiliitis, spasm of muscle, lumbar facet joint pain, dysesthesia, and severe pain. Previous treatments include oral medications, heat/ice, rest, and gentle exercise/stretching. Primary treating physician's reports dated 01/10/2014 through 12/05/2014 were included in the documentation submitted for review. Report dated 12/05/2014 noted that the injured worker presented with complaints that included neck pain, low back pain radiating to the left leg, and constipation. Pain level was recorded as 8 out of 10 without medication and 5 out of 10 with medication. The injured worker reported that the pain medication regimen allows her to keep the pain at a manageable level allowing for walking, light chores, and minimal shopping. Current medication regimen included Percocet, Amitiza, Tramadol, and Trazadone. Physical examination revealed mild tenderness in the cervical spine and decreased rotation due to pain, moderate tenderness and decreased range of motion in the lumbar spine, positive straight leg raise on the left, and hypoesthesia and dysesthesia in the left posterior lateral aspects of the leg down to the ankle. The submitted documentation indicates that the injured worker has been prescribed Tramadol since 01/10/2014. The utilization review performed on 12/24/2014 modified a prescription for Tramadol based on initiation of downward titration and complete discontinuation of the opioid on subsequent review, due to noncompliance of opioid guidelines, or to allow an opportunity for submission of

the MTUS opioid mandated documentation. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg thrice a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with lower back pain radiating into the left leg, and constipation. The treater has asked for TRAMADOL 50MG TWICE A DAY #90 on 12/5/14 . Patient has been using Tramadol since 10/9/14. For chronic opioids use, 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 4As (analgesia, ADLs, adverse side effects, and adverse 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, the treater indicates a decrease in pain with current medications which include Tramadol, stating the benefit of chronic pain medication maintenance regimen continue to keep pain within a manageable level per 12/5/14 report. But there is no discussion of this medication s efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for, and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.