

Case Number:	CM15-0001260		
Date Assigned:	01/12/2015	Date of Injury:	03/17/2008
Decision Date:	03/16/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	01/05/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 45-year-old male who reported an injury on 03/17/2008. The mechanism of injury was not submitted for review. The injured worker's diagnosis consist of lumbar spine degenerative disc disease, L4-5 and L5-S1 disc bulges, L5-S1 annular tear, and lumbar spine radiculopathy. Medical treatment consists of epidural steroid injections and medication therapy. Medications consist of tramadol 50 mg, diclofenac ER 100 mg, cyclobenzaprine 10 mg, and Dexilant 60 mg. On 11/06/2014, the injured worker complained of lumbar spine pain, which he rated at 5/10 to 6/10. He described the pain as constant, sharp, and achy, occasionally radiating down to the right leg. Physical examination revealed lumbar spine flexion was barely 30/90 degrees, and extension was 10/25 degrees. Right and left lateral flexion were only motion that was within range at 25/25 degrees. There was a negative toe walk and positive heel walk. There was positive paraspinal tenderness to percussion. The treatment plan is for the injured worker to undergo additional ESIs and continue with medication therapy. On 07/03/2014, the injured worker underwent a UA, which showed that he was complaint with prescription medications. A rationale and Request for Authorization form were not submitted of review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The request for tramadol HCL 50 mg, with a quantity of 120, is not medically necessary. The California MTUS Guidelines state central acting analgesics, such as tramadol, are reported to be effective in managing neuropathic pain, and it is not recommended as a first line oral analgesic. The California MTUS Guidelines recommend there should be documentation of the 4 A's for ongoing management, including analgesia, activities of daily living, adverse side effects, and aberrant (or nonadherent) drug taking behaviors. It was indicated in the submitted documentation that the injured worker underwent a UA on 07/03/2014, showing compliance with prescription medications. However, there were no pain assessments submitted for review indicating what pain levels were before, during, and after medication administration. There was also no documentation showing increased activities of daily living, or a decrease in pain levels with the medication use. Furthermore, there was no evidence in the documentation showing any adverse side effects the injured worker might be having with the medication. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.