

Case Number:	CM15-0112580		
Date Assigned:	06/19/2015	Date of Injury:	04/30/2001
Decision Date:	07/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/11/2015

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

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 66-year-old female with an industrial injury dated 04/30/2001. Her diagnoses included degeneration (lumbar) and lumbar disc displacement without myelopathy. Comorbid diagnoses included gastroesophageal reflux, asthma and bronchitis. Also noted is she states she "gets very sick from anesthesia." Prior treatments included physical therapy, massage therapy, chiropractic treatment and acupuncture without benefit. She is status post disc replacement surgery done in 2007 with minimal benefit and multiple facet radio frequency ablation procedures with almost 100% pain relief lasting for 8 months. She presents on 05/15/2015 for follow up of chronic lower back pain. She denies changes in her pain. She continues to have lower back pain with radiation to her left hip, which she rates as 8/10. The pain is made better with medication and radiofrequency ablations. She received approximately 8 months of pain relief from her last radiofrequency ablation done on 07/22/2013. Physical exam noted normal gait with normal muscle tone and strength of bilateral upper and lower extremities. Her current medications include Lidoderm, Pantoprazole, Tramadol, Ambien, Lorazepam, Omeprazole, Soma, Tramadol and Vytarin. Treatment plan includes Lidoderm patch, Pantoprazole, Tramadol and Ambien. She is scheduled for bilateral radio frequency ablation at lumbar 4-lumbar 5 and lumbar 5- sacral 1 on 05/12/2015. Treatment request is for Tramadol 50 mg # 75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment; Opioids, specific drug list: Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol(Ultram) Page(s): 76-78, 88-89, 80, 113.

Decision rationale: Based on the 06/11/15 progress report provided by treating physician, the patient presents with low back pain. The patient is status post disc replacement surgery 2007. The request is for TRAMADOL 50MG, #75. RFA with the request not provided. Patient's diagnosis on 06/11/15 includes lumbar lumbosacral degeneration and lumbar disc displacement without myelopathy. Physical examination on 05/01/15 was unremarkable, with noted normal gait, normal muscle tone and strength of bilateral upper and lower extremities. Treatment to date has included imaging studies, lumbar spine radiofrequency ablation 05/12/15, physical therapy, massage therapy, chiropractic treatment, acupuncture, home exercise program and medications. Patient's medications include Lidoderm, Pantoprazole, Tramadol, Ambien, Lorazepam, Omeprazole, Soma, Tramadol and Vytarin. The patient is permanent and stationary, per 06/11/15 report. Treatment reports were provided from 11/07/14 - 06/11/15. 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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Tramadol has been included in patient's medications, per progress reports dated 11/07/14, 04/03/15 and 06/11/15. Per 05/01/15 report, treater states that patient reports "adequate analgesia with the use of 75 tablets of tramadol per month." In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, the MTUS does not clearly support chronic opiate use for chronic low back pain. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

