

Case Number:	CM15-0117543		
Date Assigned:	06/25/2015	Date of Injury:	10/16/2009
Decision Date:	07/27/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/18/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 50-year-old female, who sustained an industrial injury on 10/16/09. She reported initial complaints of low back injury. The injured worker was diagnosed as having chronic pain NEC; lumbago; lumbosacral neuritis NOS. Treatment to date has included chiropractic therapy; physical therapy; medications. Currently, the PR-2 notes dated 5/13/15 indicated the injured worker complains of low back pain. The provider notes she has had chiropractic therapy, physical therapy and medications as treatments for her condition. Her pain is reports as constant, stabbing in character in the low back. Her pain is rated at 4-5/10 and associated symptoms include radiation of pain to the right leg with numbness. She is being seen by this provider on this date to take over care of the work related injury. Her current medications are listed as: Levothyroxine 0.05mg 1 daily, Omeprazole 20mg one daily and losartan potassium 100mg 1 daily. On physical examination, the provider documents a slow gait but normal. The lumbosacral spine indicates a decreased range of motion throughout the lumbar spine in all planes due to pain; palpation tenderness throughout the lumbosacral spine and paraspinals with paralumbar muscle spasms. She has normal strength throughout her lower extremities. There is a decreased light touch and pin prick sensation without specific dermatomal distribution throughout the right distal leg. Her reflexes are equal and symmetrical in all extremities. She demonstrates positive straight leg raise on the right. His treatment plan includes EMG including a H-reflex test for identify subtle, focal neurologic dysfunction. He also recommended a lumbosacral MRI study. The injured worker has a history of being prescribed Tramadol and then Norco with tapering for both and finally off of both. This is a new provider and he is requesting authorization for a startup of Tramadol 50mg #60 refills x3 once again. He has had the injured worker sign a pain treatment agreement on this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 ref x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of pain and functional improvement with previous use of Tramadol. There is no clear documentation of continuous documentation of patient's compliance with her medications. There is no documentation of the medical necessity of Tramadol over NSAID. Therefore, the prescription of Tramadol 50 mg #60 with 3 refills is not medically necessary.