

Case Number:	CM15-0118745		
Date Assigned:	06/29/2015	Date of Injury:	03/31/1998
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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: Preventive Medicine, Occupational 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 60-year-old male who sustained an industrial injury on 3/31/1998. Diagnoses included chronic progressive radiculitis and lumbar post laminectomy syndrome. Treatment to date has included surgery, spinal cord stimulator, home exercise and medications, including Lidoderm patch, NSAIDs, Methadone and Tramadol. Per the handwritten Primary Treating Physician's Progress Report (PR-2) dated 4/22/2015, the injured worker reported lower back pain that hurt less but still radiates into both legs to level of the feet. Medications allow him to get out of bed, walk, sit, stand and perform activities of daily living. Physical examination of the lumbar spine revealed tenderness and spasm with flexion of 40 degrees and extension of 10 degrees. The plan of care included home exercise, medications and weight loss/diet. Authorization was requested for Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 61, 24, 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first-line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose or death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. This patient is taking two opioid medications, Methadone for long-acting pain control and tramadol for short-acting pain control. The total morphine equivalent dosing (MED) for this patient is 100 mg/day. The MTUS guidelines recommend no more than 120 mg MED per day. The dosing has been stable for at least 6 months. This patient has been treated with first line chronic pain medication (gabapentin) and the provider has been monitoring for medication compliance with intermittent urine drug screens. Use of the opioids has decreased pain and increased patient function. Continued use of tramadol is a viable option in the care of this patient. The request is medically necessary.