

Case Number:	CM15-0120570		
Date Assigned:	07/01/2015	Date of Injury:	07/09/2012
Decision Date:	09/15/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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 York

Certification(s)/Specialty: Emergency 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 59 year old male, who sustained an industrial injury on 7/9/2012. The current diagnoses are neck pain, status post fusion in 1994 (non-industrial injury), chronic low back pain, status post discectomy in 1994 (non-industrial injury). According to the progress report dated 4/30/2015, the injured worker complains of neck and low back pain. Since last assessment on 3/19/2015, he notes increasing neck pain and difficulty sleeping. The pain is rated 4/10 with medications (Tramadol) and 7/10 without. The physical examination reveals tenderness over the cervical paraspinal regions. He has decreased range of motion with cervical extension and flexion. The current medications are Tramadol, Motrin, Celexa, and Mirtazapine. Per progress notes from 11/14/2013, the injured worker was prescribed an Ultram trial. Treatment to date has included medication management, 12 physical therapy sessions, 6 aqua therapy sessions, MRI studies, and electrodiagnostic testing. MRI of the cervical spine from 9/3/2013 showed solid fusions at C5-C6 and C6-C7, posterior osteophyte noted at C7-T1, small posterior protruding disk noted at C3-C4, and broad-based disk at C4-C5 as well. MRI of the lumbar spine showed annular tear at L4-L5, broad-based posterior disk at L4-L5 with moderate spinal stenosis, small central disk at L5-S1, and facet arthritic changes. Work status: The injured worker is not currently working. He was considered permanent and stationary by an AME. A request for Tramadol has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol 50mg #25 (DOS: 04/30/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 113.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines indicate continued use of opioids requires 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 for documentation of the clinical use of these controlled drugs. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Tramadol is not medically necessary.