MAXIMUS Federal Services

Case Number:	CM15-0123675		
Date Assigned:	07/08/2015	Date of Injury:	10/22/2010
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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: Family Practice

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 male, who sustained an industrial injury on October 22, 2010. Treatment to date has included MRI of the lumbar spine, lumbar epidural steroid injections, work/activity restrictions, and medications. Currently, the injured worker complains of low back pain. He reports a flare up of his pain and describes the pain as dull and aching located in the L4-S1 midline and the right paralumbar area. The pain radiations down the bilateral lower extremities to the toes and has associated numbness. He rates his pain a 7 on a 10-point scale. On physical examination, the injured worker has tenderness to palpation and pain over the lumbar spine. He has normal range of motion of the lumbar spine. He has normal muscle tone and sensation in the bilateral lower extremities. His straight leg raise, Romberg and Tandem gait test were normal. The diagnoses associated with the request include herniation of lumbar intervertebral disc with radiculopathy. The treatment plan includes work modifications, medication, lumbar epidural steroid injection and neurosurgical follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50 mg, thirty count, provided on April 28, 2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids & Tramadol Page(s): 76-78, 80 and 113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of opioids, including Tramadol as a treatment modality. These guidelines state the following regarding Tramadol: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic (Page 113). In this case, the records indicate that the patient is concurrently on a concurrent short-acting opioid containing Hydrocodone. The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." Further, there is insufficient justification in support of the concurrent use of two short-acting opioids. In the Utilization Review process, the request for the Hydrocodone-containing opioid was certified; however, the request for Tramadol was non-certified. Given that Tramadol is a second-line agent, this action is consistent with the above-cited MTUS guidelines. In summary, there is insufficient documentation to support the use of Tramadol in this patient. Treatment with Tramadol is not medically necessary.