

Case Number:	CM15-0125686		
Date Assigned:	07/06/2015	Date of Injury:	02/13/2009
Decision Date:	09/22/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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: Internal 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 63-year-old male, who sustained an industrial injury on 02/13/2009. He was moving an orange bin weighing approximately 130 pounds when he tripped in a pothole. He did not fall to the ground but in an attempt to remain on his feet, he reported a quick jolt around the area of his waist, which caused pain in his back. Treatment to date has included physical therapy, medications and chiropractic care. Medications prescribed throughout his history of treatment have included Ibuprofen, Gabapentin, Flexeril, Tylenol with codeine and Tramadol. On 04/30/2015, the injured worker underwent a lumbar epidural steroid injection. According to a comprehensive orthopedic evaluation dated 05/21/2015, the injured worker presented with a chief complaint of pain rated 6 to 7 on a scale of 1-10 in severity. He did not experience any resolution of his pain with the recent epidural injection. He reported that he utilized Tramadol with significant relief in the past, requiring three tablets daily of the 50 mg dosage. Tramadol once daily was not enough to cover his pain and discomfort. He requested a refill. A nephrologist who advised him to discontinue use of all non-steroidal anti-inflammatory medications was evaluating him. Diagnoses included lumbar spine degenerative disc disease positive per MRI of 09/25/2014, chronic lumbar spine sprain/strain and chronic sprain/strain of the sacrum. The injured worker was considered to be maximally medically improved and would be scheduled for a follow up in 3 months for re-evaluation. A new prescription was given for Tramadol 50 mg #60, one orally twice daily for pain with two additional refills. Lab work was being requested for a basic metabolic panel, hepatic function panel, creatine phosphokinase and complete blood count. Currently under review is the request for Tramadol 50 mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include 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 the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case, Tramadol had been used long term with no documentation of objective evidence of functional improvement. There was no discussion of the least reported pain over the period since the last assessment, average pain, how long it takes for pain relief and how long pain relief lasts. There was no discussion of specific improvement in activities of daily living because of use of Tramadol. Documentation lacks Urine drug screens report for review and discussion or an opioid contract. The medical necessity for the requested treatment is not established. The request for Tramadol 50mg #60 with 2 refills is not medically necessary.