

Case Number:	CM15-0126672		
Date Assigned:	07/13/2015	Date of Injury:	06/10/2013
Decision Date:	08/07/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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 51 year old male, who sustained an industrial injury on 6/10/13. Initial complaint was of a left ankle injury. The injured worker was diagnosed as having left foot/ankle sprain; reflex sympathetic dystrophy of the lower limb pain psychogenic NEC; chronic pain syndrome. Treatment to date has included physical therapy; injections; lumbar sympathetic block; psych evaluation; status post spinal cord stimulator trial (1/13/15); status post permanent spinal cord stimulator implant (3/10/15); cognitive behavior therapy; medications. Diagnostics studies included MRI left foot (8/29/13). Currently, the PR-2 notes dated 5/5/15 indicated the injured worker was seen as a follow-up of his left foot/ankle pain. The provider documents the permanent spinal cord stimulator was placed March 10, 2015. He has relief of the left foot pain for a couple of weeks. Since then, it has not provided relief. He met with the representative from Medtronics and additional programs were activated but caused additional concerns - headaches. He then was unable to see colors and losing center vision. After the machine was turned off, his vision returned in about 20 minutes. They tried another program and this caused buzzing in his lower body with very little pain relief. He tried decreasing Tramadol to a half tablet and felt too much pain. He was not sleeping with left pain and his left foot swelled after walking in the park for an hour or so. On physical examination the provider notes the injured workers left lower leg is swollen but the calf is nontender without erythema or increased warmth. He has an antalgic gait. The injured worker is diagnosed with left lower extremity complex regional pain syndrome type II with left superficial peroneal nerve neuropathy and left ankle sprain/strain. He is complaining of hot flashes, which may be a side effect of the Tramadol. Visual disturbance, rule out transient ischemic attack or caused by the stimulator.

The injured worker did follow-up per PR-2 note dated 5/7/15 with the Medtronic representative for reprogramming. The provider and the representative did not feel the headache and blurred vision and color blindness were not attributed to the lumbar thoracic spinal cord stimulator for pain in the lower extremity. The injured worker is to see his Primary Treating Physician for those symptoms. The provider is requesting authorization of Tramadol HCL 50mg tab days 30 quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Tab 50mg, Days: 30, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use, On-going Management; Opioids for chronic pain; Weaning of Medications Page(s): 78, 80-81, 93-94, 124. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 115.

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. 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. Although, Tramadol may be needed to help with the patient's pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol HCL 50mg #90 is not medically necessary.