

Case Number:	CM15-0129835		
Date Assigned:	08/12/2015	Date of Injury:	01/12/2014
Decision Date:	09/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/06/2015

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: Physical Medicine & Rehabilitation

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 37-year-old, female who sustained a work related injury on 1-12-14. The diagnoses have included low back pain, lumbar discogenic pain and lumbar facet pain. Treatments have included oral medications, H-wave therapy, lumbar injections, pool therapy (failed), home exercises, physical therapy (failed) and massage therapy. In the Progress Notes dated 6-17-15, the injured worker reports aching low back pain with aching and-or numbness in the right hip and lateral right thigh. She rates the pain level a 3 out of 10 with medications and a 7 out of 10 without medications. She states the pain is worse with lifting, bending, and sitting and standing. The pain is better with medications. She has found her medications very helpful and is tolerating them well. She is using her H-wave for pain relief. She uses a cane for stability when walking. She is using Norco for severe pain and Tramadol ER for chronic pain. She has noticed less nerve pain, which the Tramadol ER is helping with, and she has fallen less. With her medications, she is able to complete her activities of daily living and is able to be more active. She has no new complaints or symptom changes. On physical exam, she has tenderness over the lumbar paraspinals, right more than left. She has increased pain with flexion and extension. Straight leg raise is positive. She has 5 out of 5 muscle strength in her legs. She is working. The treatment plan includes a request for chiropractor treatments and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60,61, 76-78, 88,89.

Decision rationale: The patient presents on 06/17/15 with lower back pain rated 7/10 without medications, 3/10 with medications. The patient's date of injury is 01/12/14. Patient has no documented surgical history directed at this complaint. The request is for Tramadol 150mg #60. The RFA was not provided. Physical examination dated 06/17/15 reveals tenderness to palpation of the lumbar paraspinal musculature, pain upon flexion/extension, and positive straight leg raise test on the left side. The patient is currently prescribed Norco, Tramadol, Cyclobenzaprine, Anaprox, Singulair, Accuneb, Klor-Con, Claritin, and Dulera. Patient is currently classified as temporarily totally disabled. MTUS Guidelines Criteria for Use of Opioids (Long-Term Users of Opioids) Section, Pages 88-89 states: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4A's -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Tramadol for the management of this patient's chronic pain, the request is appropriate. Guidelines require documentation of analgesia via a validated scale attributed to medications, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. This patient has been prescribed Tramadol since at least 12/23/14. Addressing efficacy, progress note 06/17/15 documents a reduction in pain from 7/10 to 3/10 attributed to medications, as well as several activity-specific functional improvements. Consistent toxicology reports were also provided for review, and the provider specifically states a lack of aberrant behavior. In this case, the MTUS documentation criteria have been satisfied. MTUS p80, 81 also states the following regarding chronic Opioid medications: "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." Per the documentation provided this patient presents with chronic pain complaints secondary to, or in addition to Lupus. Autoimmune diseases such as Lupus can result in significant chronic pain complaints of a nociceptive origin. Given this patient's condition, and the adequate documentation of 4A's as required by MTUS, continuation of this medication is substantiated. The request is medically necessary.