

Case Number:	CM15-0033683		
Date Assigned:	02/27/2015	Date of Injury:	09/20/2004
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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:

This 66 year old man sustained an industrial injury on 9/20/2004. The mechanism of injury was not detailed. Current diagnoses include depressive disorder, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbosacral intervertebral disc, lumbosacral neuritis, and chronic pain syndrome. Treatment has included oral medications. Physician notes dated 12/12/2014 show complaints of low back pain. Recommendations include continuing the current medication regimen, referrals for physical therapy and acupuncture, and TENs unit combo pack and electrodes. On 2/2/2015, Utilization Review evaluated a prescription for Tramadol 50 mg #120 for tapering, that was submitted on 2/23/2014. The UR physician noted that there is no documentation submitted supporting functional improvement with this medication. Further, there is no documentation that the prescriptions are from the a single practitioner, were taken as directed, or were at the lowest possible dose. This medication is not recommended to continue, however, a tapering must occur prior to discontinuing this medication. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #120 Every 4 Hours (MED 120): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 12/12/14 report the patient presents with lower back pain. He ambulates with a cane. The current request is for TRAMADOL 50mg #120 EVERY 4 HOURS MED 120, an opioid analgesic. The RFA is not included. The 02/02/15 utilization review references RFA's dated 01/20/15, 12/18/14 and 11/17/14. Utilization review modified this request from #120 to #100 for weaning. The reports do not state if the patient is working. MTUS Guidelines pages 88 and 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 also requires documentation of the 4As (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. The reports provided show the patient has been prescribed opioids "Tramadol and Norco" since before 10/14/14. The treater states Tramadol is used for pain in place of NSAIDs due to prior kidney damage. He states the patient is unable to taper due to increased pain. The reports do show that pain is routinely assessed through the use of pain scales. Pain is noted to be 4-5/10 s/p lumbar ESI and is now rated 7-8/10 at times going as high as 9/10 due to lack of medication. However, The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. The treater notes the patient's walking is limited due to pain and also lists a number of specific ADLs that the patient is able perform without assistance. However, this information does not show how specific ADL's are significantly improved through the use of this medication. The treater does discuss side effects and on 11/13/14 mentions that CURES was run and that UDT was needed on the next visit. However, subsequent reports do not show discussion of UDT. No Urine toxicology reports are included for review nor are test results discussed. In this case, there is not sufficient documentation of analgesia, ADL's or opiate management as required by the MTUS guidelines. Therefore, the request IS NOT medically necessary.