MAXIMUS Federal Services

Case Number:	CM15-0078407		
Date Assigned:	04/29/2015	Date of Injury:	04/19/2013
Decision Date:	05/28/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, 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 47 year old female, who sustained an industrial injury on 4/9/13. The injured worker has complaints of lower back pain. The diagnoses have included lumbar strain and lumbar radiculopathy. Treatment to date has included radiofrequency neurotomy of the medial branch of the posterior primary ramus on the left at L3, L4 and L5 performed on 10/20/14; epidural steroid injection; lyrica to be discontinued and elavil to start for neuropathic pain and tramadol. The request was for tramadol 50mg #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg #360 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar strain; and lumbar radiculopathy. The documentation shows the injured worker has been on tramadol as far back as October 15, 2014. The most recent progress note in the medical record is dated April 1, 2015. The request for authorization is dated April 15, 2015. The documentation indicates the injured worker is taking tramadol 50 mg QID (90 day supply is #360 tablets). On April 22, 2015, the utilization review physician initiated a peer-to-peer conference with the treating provider. The treating provider stated a one-month supply for #120 tablets was written. #360 tablets were reportedly not prescribed by the treating provider. The request for authorization shows #360 tablets and the prescription for tramadol shows #360 tablets. Subjectively, according to a progress note dated April 1, 2015, the documentation shows a pain level of 6/10. The remainder of the document is difficult to ascertain due to poor copying. Objectively, there is tenderness and muscle spasm with positive straight leg raising. There are no pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation of objective functional improvement with ongoing tramadol. There is no clinical indication or rationale for tramadol #360 tablets. Consequently, absent clinical documentation with a clinical rationale for tramadol 50 mg #360, risk assessments and detailed pain assessments and objective functional improvement, Tramadol 50 mg #360 is not medically necessary.