

Case Number:	CM14-0151882		
Date Assigned:	09/19/2014	Date of Injury:	09/12/1996
Decision Date:	11/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 67-year-old male with a 9/12/96 date of injury. At the time (8/14/14) of the request for authorization for Tramadol 50mg - take 2 tabs bid quantity: 120 tablets, there is documentation of subjective (ongoing low back and right upper extremity pain) and objective (tenderness of the transverse process on the right at L4, ankle reflex is absent on the right and diminished on the left, knee reflex is diminished bilaterally) findings, current diagnoses (backache, degeneration of cervical intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, pain in joint, postlaminectomy syndrome lumbar region, lumbosacral spondylosis without myelopathy, spinal stenosis of lumbar region, spondylolisthesis, and thoracic spondylosis without myelopathy), and treatment to date (medication including hydrocodone/acetaminophen and Tramadol for at least 6 months with reduction in pain and functional gains by assisting his activities of daily living, mobility, and restorative sleep). Medical reports identify the patient has signed a Pain Management Agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of backache, degeneration of cervical intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, pain in joint, postlaminectomy syndrome lumbar region, lumbosacral spondylosis without myelopathy, spinal stenosis of lumbar region, spondylolisthesis, and thoracic spondylosis without myelopathy. In addition, there is documentation of moderate to severe pain and that Tramadol is being used as second-line treatment. Furthermore, given documentation that the patient has signed a Pain Management Agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation of reduction in pain and functional gains by assisting his activities of daily living, mobility, and restorative sleep with Tramadol, there is documentation of functional benefit with Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50mg - take 2 tabs bid quantity: 120 tablets is medically necessary.