

Case Number:	CM14-0151979		
Date Assigned:	09/22/2014	Date of Injury:	03/07/2014
Decision Date:	11/04/2014	UR Denial Date:	08/26/2014
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 Medicine and is licensed to practice in Florida. 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:

The injured worker is a 39-year-old male who reported a work related injury on 03/07/2014 due to trying to pull a hand truck up a curb in which he got stuck and forcibly pulled and felt a sharp pain in his low back. His diagnoses consist of a lumbar strain and lumbar degenerative disc disease. The injured worker's past treatment has included medication management, physical therapy, and acupuncture. Diagnostic studies include an x-ray on 03/14/2014, which revealed straightening of expected lumbar lordosis which may have been related to positioning or spasms. In addition, degenerative changes were noted with disc space narrowing and endplate changes at L4-5 and L5-S1. The injured worker's surgical history was not provided for review. Upon examination on 06/24/2014, the injured worker complained of low back pain which he rated as a 7/10 on VAS pain scale. His left lower extremity symptoms were noted to have resolved. The injured worker reported his symptoms were a 10/10 at worst and a 5/10 at best. The injured worker described his pain as constant and worse at night time. The injured worker described his symptoms as dull, progressing to stabbing at times. The injured worker stated that his functional limitations included sitting greater than 20 minutes, changing positions from sitting to standing, and he reported the following limitations in his routine of activities of daily living, which include washing hands. Upon physical examination, it was noted that the injured worker reported pain during all ranges of motion. The injured worker's prescribed medications were not provided for review. The treatment plan consisted of spinal manipulation and physical therapy. The rationale for the request was not provided for review. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride tablets, 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol is not medically necessary. The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment: current pain, the least reported pain over the period since the last assessment, average pain and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most important in monitoring: pain relief, side effects, and physical monitoring of the outcomes overtime should affect therapeutic decisions and provide an outline for documentation of the clinical use of controlled drugs. The injured worker complained of pain which he rated as a 7/10. The injured worker also reported that his symptoms were a 10/10 at worst and decreased to a 5/10 at best on the VAS pain scale. The least amount of pain the injured worker reported was a 5/10 at best. There is no clear documentation as to functional benefits from chronic use of Tramadol if the injured worker was still rating his pain as high as a 5. The documentation does not provide clinical information that contains evidence of significant measurable subjective and functional improvement as a result of continued opioid use. Additionally, there is a lack of documentation indicating that the injured worker has increased ability due to activities of daily living with the use of Tramadol, and there is a lack of documentation indicating that adverse effects of the medication, risk assessment for drug related behaviors have been addressed. Therefore, the request for Tramadol cannot be warranted. There is no indication that continued use of Tramadol would have any benefit to the injured worker's pain. As such, the request for Tramadol is not medically necessary.