

Case Number:	CM15-0017795		
Date Assigned:	02/05/2015	Date of Injury:	01/30/2010
Decision Date:	10/13/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/30/2015

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 32 year old female, who sustained an industrial-work injury on 1-30-10. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain, anxiety and panic attacks, and gastrointestinal complaints. Medical records dated (6-3-14 to 8-19-14) indicate that the injured worker complains of persistent low back pain with radiation down the left lower extremity (LLE). The physician indicates that she continues to be symptomatic and requires her medications. The medical record dated 5-14-14 the physician indicates that the injured worker has deteriorated in regard to the back symptoms over the past 6-7 months and the back pain is rated 10 out of 10 on pain scale. The left lower extremity (LLE) electrical; shooting pain is rated 9 out of 10 on the pain scale. The medical records also indicate worsening of the activities of daily living. Per the treating physician, report dated 5-14-14 the employee is temporary totally disabled. The physical exam dated from (6-3-14 to 8-19-14) reveals lumbar tenderness to palpation. The lumbar flexion is 80 degrees, extension is 20 degrees, and right and left lateral bending is 20 degrees. Treatment to date has included pain medication, Tramadol for at least 6 months, diagnostics, lumbar fusion in October of 2012, physical therapy, Transcutaneous electrical nerve stimulation (TENS), activity modifications, off of work, and other modalities. The current medications include Xanax, Tramadol, Trazadone and Lidoderm patch. The original Utilization review dated 1-6-15 denied-modified a request for Tramadol 50mg #180 as there is no documentation of objective functional improvement, no opiate agreement, prior urine drug screen or evidence of tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. 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 50 mg #180 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 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 workers working diagnoses are chronic low back pain postoperative with MRI showing worsening pathology; anxiety and panic attacks; and G.I. complaints per internal medicine. Date of injury is January 30, 2010. Request for authorization is December 30, 2014. According to a June 3, 2014 progress note, current medications include tramadol 50 mg five times a day. The documentation indicates care is being transferred to a pain management provider (REDACTED). The pain management provider is the requesting provider on the request for authorization dated December 30, 2014. There is no documentation in the medical record from the pain management (requesting) provider in the medical record. The most recent progress note dated August 19, 2014 by the PM&R provider renewed tramadol 50 mg at that time. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation in the medical record by the requesting pain management provider and no documentation-demonstrating objective functional improvement to support ongoing tramadol, Tramadol 50 mg #180 is not medically necessary.