

Case Number:	CM14-0012582		
Date Assigned:	02/21/2014	Date of Injury:	11/07/2009
Decision Date:	07/10/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 33-year-old male who reported an injury on 11/07/2009 as a result of a fall. Within the clinical note dated 10/23/2013, it was noted that the injured worker complained of abdominal pain with constipation including stress, depression, and anxiety. It was further indicate that the injured worker was working at the time of the medical appointment. At that time it was not indicated whether the injured worker was participating in other therapies. In addition, it was noted that the injured worker was taking his medication as prescribed and his medication were helping with the pain with no adverse side effects. Later within the documentation it was documented that the injured worker completed 12 sessions of acupuncture, 18 sessions of chiropractic treatment, and 30 sessions of physical therapy; all of which were stated as the treatment helped. The medication list provided included tramadol 50 mg twice a day, Prilosec 20 mg twice a day, Axiv 50 mg twice a day, and Norco 4 times a day without a dosage provided. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG. #60 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS recommend certain criteria to take before initiating a therapeutic trial of opioids to include a documented failure of a trial of non-opioid analgesics with a baseline pain and functional assessment. The functional assessments should include social, physical, psychological, daily and work activities, and should be performed using a valid instrument on a numerical rating scale. In addition, the guidelines recommend that the physician should discuss the risks and benefits for the use of the controlled substance and other treatment modalities with the injured worker. Also, there should be documentation that a written consent or pain agreement for chronic use to make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. In addition, the guidelines recommended when initiating therapy to only initiate one drug at a time. Within the submitted medical records, there was no quantified documentation of the injured worker's pain to set a functional baseline to compare at later assessments, nor was there documentation of the functional limitations of the injured worker. The documentation also stated that the injured worker's medication prior to the new prescriptions was adequate enough to provide enough analgesia. Without a functional baseline testing for pain and function and rational why the previous medications were not effective, the request cannot be supported by the guidelines at this time. Furthermore, the current request coincides with another prescription of opioids that is contraindicated by the guidelines to initiate one opioid medication at a time to determine the efficacy of each medication. As such, the request is non-certified.