MAXIMUS Federal Services

Case Number:	CM14-0121121		
Date Assigned:	08/06/2014	Date of Injury:	04/18/2007
Decision Date:	10/01/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 and Rehabilitation and is licensed to practice in Alabama. 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 patient is a 44 year old female who was injured on 04/18/2007. The mechanism of injury is unknown. Consultation note dated 05/30/2014 and a note dated 04/29/2014 indicates the patient has an allergy to Tramadol/Ultram 04/29/2014.Progress report dated 0617/2014 documented the patient to have complaints of constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing. She rated her pain as 5/10. The patient is diagnosed with lumbago.Prior utilization review dated 07/21/2014 states the request for Tramadol ER 150 mg, #90 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: The above MTUS guidelines regarding on-going management of opioids state that actions should include "Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy... Ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors)." In this case, note from 6/17/14 does not address the 4 A's as above, only stating "patient's pain is improving. On a scale of 1 to 10, the pain is a 5". Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.