

Case Number:	CM14-0131754		
Date Assigned:	08/20/2014	Date of Injury:	05/15/2013
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 45-year-old female who reported an injury on 05/15/2013. The mechanism of injury was noted to be a trip and fall. Her diagnosis was noted to be wrist sprain and strain. Prior treatment was noted to be medication and physical therapy. She had subjective complaints of constant neck pain she described as sharp, dull at times. She noted her pain increased with neck flexion, extension, and rotation as well as prolonged static position. Medications were noted to be Hydrochlorothiazide, Lisinopril, and Metformin. The physical examination noted mild to moderate tenderness on palpation from C4 to T1 bilaterally over the paraspinal parafacet area on palpation. There was mild tenderness on palpation on bilateral trapezii right more than left. There was mild tenderness on the right parascapular area. The treatment plan was for medications. The rationale for the request was noted within the treatment plan. The Request for Authorization Form was not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Tramadol/APAP 37.5/325 mg #90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation supplied for review fails to provide adequate pain assessment. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition to the lack of documentation the provider's request fails to indicate a dosage frequency. As such, the request for Tramadol/APAP 37.5/325 mg quantity 90 is not medically necessary.