

Case Number:	CM14-0167648		
Date Assigned:	10/14/2014	Date of Injury:	05/23/1991
Decision Date:	11/18/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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 Acupuncture & Pain Management and is licensed to practice in California. 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:

A 66y/o female injured worker, date of injury 5/23/91 has related low back pain. Per progress report dated 9/3/14, the injured worker complained of constant, sharp, burning, tightness in the left low back, left buttock, posterior leg to the knee. She had difficulty walking with left leg weakness that gave out and she had fallen 2-3 times in the last two weeks. Pain with medications was rated 4/10 and 9/10 without. A review of systems revealed stomach problems, joint pain, fatigue, depression, and headaches. Per physical exam, tenderness was noted in the left low back, positive dural tension signs in L4 distribution, and hypoesthesia left lateral thigh with light touch was noted. Treatment to date has included physical therapy, injections, and medication management. The date of UR decision was 9/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) ; Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 non-adherent) drug related behaviors. These domains have been summarized as the '4' (Analgesia, activities of daily living, adverse side effects, and any 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. Review of the documentation submitted for review indicates that this medication reduces the injured worker's pain by 50%, from 9/10 to 4/10, and that it allows her to increase her activity. Efforts to rule out aberrant behavior (e.g. ██████ report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent urine drug screen included in the medical records was dated 8/2012, and was consistent with prescribed medications. As the MTUS recommends ongoing monitoring for aberrant behavior, medical necessity cannot be affirmed.