

Case Number:	CM14-0184286		
Date Assigned:	11/10/2014	Date of Injury:	11/13/2009
Decision Date:	12/18/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 Pain Medicine and Acupuncture 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:

58 year old male injured worker with a date of injury of 10/23/09 with related back pain. Per progress report dated 10/8/14, the injured worker presented with low back pain. Per physical exam, tenderness of the low back was noted. MRI of the lumbar spine dated 10/10/12 revealed varying degrees of degenerative disc changes at L4-L5, L5-S1, and to a lesser degree L3-L4. Treatment to date has included physical therapy and medication management. The date of UR decision was 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #180, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going 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 nonadherent) drug

related behaviors. These domains have been summarized as the '4 A's' (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."Per progress report dated 7/11/14, it was noted that the injured worker lived with constant 7-9/10 pain, made tolerable with the use of tramadol. It allowed him to maintain home and do some intermittent part time work. However, the request as written with 3 refills does not allow for timely ongoing assessment of efficacy. As such, the request is not medically necessary. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS (urine drug screen), opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As such, the request is not medically necessary.