MAXIMUS Federal Services

Case Number:	CM14-0027381		
Date Assigned:	06/20/2014	Date of Injury:	12/26/2003
Decision Date:	08/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 12/26/2003 due to an unknown mechanism. Examination for the injured worker dated 08/19/2013 revealed that she had an MRI from 05/08 showing a discectomy and anterior fusion from C5-6 with a 2 mm right posterior disc/osteophyte at C5-6. Medications for the injured worker were Butrans 5 mcg, Prilosec, tramadol 50 mg 1 to 2 tablets a day, Cymbalta 60 mg 1 twice a day and transdermal analgesic ointment. The injured worker stated that these medications decreased her pain by 50%. The diagnoses for the injured worker were postlaminectomy cervical pain syndrome with right C5-6 radiculopathy and neuropathic pain; chronic pain syndrome secondary to trauma and surgery; chronic right shoulder and postoperative right knee pain; insomnia and mood disturbance secondary to chronic pain; myofascial pain of the cervical and lumbar spines; thyroid nodule; weight gain; and chronic post-traumatic postsurgical pain. Prior treatment for the injured worker included hydrocodone which she no longer takes, posterior discectomy and anterior fusion C5-C6. The treatment plan for the injured worker was to continue with medications as directed. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG 2 OR 3 TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 81.

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

Decision rationale: The California Medical Treatment Utilization Schedule states ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 4A'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 request submitted for tramadol 50 mg 2 or 3 times a day does not state a quantity for the medication. Urine toxicology screening should be done as per recommended by medical guidelines which were not provided. Objective functional improvement was not reported for the injured worker to support the medical necessity of the request. Therefore, the request is not medically necessary.