MAXIMUS Federal Services

Case Number:	CM14-0099328		
Date Assigned:	09/16/2014	Date of Injury:	01/21/2003
Decision Date:	11/25/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal Medicine, 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:

The injured worker (IW) is a 42-year-old woman with a date of injury of January 21, 2003. She sustained work related injuries to her back, lower extremities, and left knee with psychiatric complaints. She sustained these injuries when she slipped on a wet floor hitting her knee on a counter. The progress note dated May 2, 2014, which was handwritten and partly legible. The legible portions of the progress notes indicated that the IW reported generalized pain, no major pain relief for 3 out of 4 weeks each month. The remainder of the complaints was illegible. In the objective findings section, the provider documented that the IW was alert and oriented. There were no physical examination findings documented. The injured worker was diagnosed with lumbosacral sprain/strain, pain in joint of the lower leg, and degenerative lumbar/lumbosacral intervertebral disc disease. Current medications include: Fentanyl patch 50mcg, Celebrex 200mg, and Ultram 200mg. There was not a treatment plan documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 200MG ER, QUANTITY 80. refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use, Ongoing Management Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 200 mg ER #80 with two refills is not medically necessary. The guidelines recommend for ongoing management there be appropriate documentation regarding ongoing review for pain relief, functional status, or appropriate medication use and side effects. 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, increase level of function or improved quality of life. In this case, the injured worker was taking Fentanyl 50ug prior to and then in conjunction with Tramadol. Tramadol was started in February 2014. There is no documentation stating functional improvement with the use of opiates. There is no documentation stating the injured worker was sent for psychological evaluation to assess potential for misuse/abuse pursuant to the MT US at the onset of chronic opioid therapy. The treating physician did not access the California Department of Justice prescription drug monitoring program for appropriate opiate prescribing patterns. There is no current urine toxicology screen to determine compliance. The physical examinations are very brief. They generally include a mental status exam and in others a gait exam. The injured worker, based on multiple opiate use in addition to the long-term use, that elevated risk of morbidity and mortality from the prescribed opiates. Consequently, the tramadol 200 mg extended release #80 with two refills is not medically necessary. Based on the clinical information in the medical record and the peer reviewed evidence based guidelines, the Tramadol ER 200mg with 2 refills is not medical necessary.