

Case Number:	CM14-0181916		
Date Assigned:	11/06/2014	Date of Injury:	09/20/1990
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Medicine and is licensed to practice in 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 seventy-one year old female who sustained a work-related injury on September 20, 1990 when involved in a motor vehicle accident. The diagnoses associated with the injury included lumbago, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar/lumbosacral intervertebral disc and tear of medial cartilage of meniscus of the knee. A request for Tramadol 50 mg #120, a 30 day supply, was modified by Utilization Review (UR) on October 15, 2014 to Tramadol 50 mg #60, a 30 day supply. The UR physician utilized the California (CA) MTUS Chronic Pain guidelines in the determination. The CA MTUS Chronic Pain guidelines recommend that the evaluating provider monitor the effects of the opioid medication on the injured worker as related to 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. Based on a review of the medical documentation submitted for review, the UR physician found that the evaluating provider had not addressed these four domains in the medical record. This information must be documented, addressed and confirmed to be complied with at each follow-up medical evaluation. In addition, the UR physician determined that Tramadol is considered appropriate treatment for the achievement of pain relief from breakthrough pain or an acute exacerbation of pain and that there should be a defined functional gain when using the medication. The medical documentation reviewed did not reveal functional gains or objective findings that would support the continuation of Tramadol. Also, the evaluating physician did not present a discussion of how the opioid medication was to be reduced or discontinued; Therefore, the UR physician modified the request to Tramadol 50 mg #60 with no refills with the request from the evaluating provider that a specific treatment plan be presented to detail the reduction and discontinuation of the opioid

medications or more specific clinical information would be provided to support its continued use. A request for independent medical review (IMR) was initiated on October 26, 2014. A review of the documentation submitted for IMR included a follow-up office visit dated April 24, 2014. The injured worker complained of chronic low back pain. On physical examination, the injured worker was well-developed, nourished, appropriately groomed and in no apparent distress. She exhibited normal respiratory rate and pattern. In a physician's evaluation dated August 7, 2014, the evaluating provider documented that the injured worker had chronic low back pain. Previous therapy that was tried and failed to relieve the pain included physical therapy. The diagnoses associated with the evaluation included a herniated lumbar disc without sciatica and chronic low back pain which was noted to be stable on medications. On physical examination, the injured worker was found to have adequate strength when heel to toe walking was exhibited. A loud pop was heard with standing and the injured worker had stiff lumbar mobility. The evaluating physician's plan of care included refilling the injured worker's medications. There was no discussion in the medical documentation provided for IMR of the analgesic effect, improvement in activities of daily living, any adverse side effects or aberrant drug-taking behaviors related to the injured worker and her use of Tramadol for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #120-30 Day Supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those receiving opioids chronically should have assessment for pain relief, functionality, medication side effects, and any adverse drug taking behavior. The requirements are a bit less well-defined for those taking opiates intermittently for pain flares. In this situation, it appears that enough Tramadol has been prescribed to provide the injured worker with between hundred 50 and 200 mg of Tramadol daily. This would seem to satisfy the requirements for chronic opioid therapy and hence the guidelines would seem to apply. The previous utilization review appropriately reduced the allowable quantity of Tramadol to provide time for the treating physician to furnish evidence of pain relief, improved functionality, and monitoring for medication side effects or adverse drug taking behavior. Consequently, Tramadol HCL 50mg #120-30 day supply was not medically necessary.