

Case Number:	CM14-0183680		
Date Assigned:	11/10/2014	Date of Injury:	08/23/2007
Decision Date:	01/28/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 is a 49 year-old female, who was injured on August 23, 2007, while performing regular work duties. The mechanism of injury is from a fall while cleaning a rental property, resulting in injury to the left shoulder, neck, and upper back. The records indicate the injured worker is currently using Lidoderm patches, Ultram ER, and Zofran. Urine drug screen reports have been provided for this review, and provide a positive result for Tramadol (Ultram). The records indicate epidural steroid injections were completed with approximately 50% pain relief. An evaluation on September 19, 2014, indicates the injured worker is working part-time with restrictions of no lifting over 10 pounds. The request for authorization is for Ultram ER 150 mg, quantity #60. The primary diagnosis is sprain of ligaments of cervical spine. Additional diagnoses are: essential tremor aggravated by pain and associated anxiety. On October 31, 2014, Utilization Review provided a modified certification of Ultram ER 150 mg, quantity #45, to begin to wean off, based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 86-87.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 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 '4s' (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 available medical records reveals neither documentation to support the medical necessity of tramadol nor any documentation addressing the'4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review.Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is documentation addressing this concern in the records available for my review, in the form of an appropriate recent UDS result. However, as MTUS recommends to discontinue opioids if there is no overall improvement in function or screening for risk, the request is not medically necessary.