MAXIMUS Federal Services

Case Number:	CM14-0195006		
Date Assigned:	12/02/2014	Date of Injury:	03/01/2012
Decision Date:	01/26/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with a date of injury of 03/01/2012. The medical file provided for review includes 1 progress report dated 07/14/2014. According to this report, this patient presents with constant cervical spine pain rated as 6/10. It was noted the patient is pending surgery. Physical examination finding noted "decreased ROM, C-spine." The listed diagnosis is cervical sprain/strain. Treatment plan is for refill of medications including Ambien, OxyContin 10 mg, tramadol 100 mg, Flexeril, Cidaflex, and Menthoderm. This is a request for Tramadol ER 100mg #30. The Utilization review denied the request on 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #30 Supply: 30 days wean with target of D/C over 1 month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88 and 89,78.

Decision rationale: This patient presents with chronic neck pain. The current request is for Tramadol ER 100mg #30 supply 30 days wean with target of D/C over 1 month. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should

be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. It is unclear when this patient was first prescribed this medication. Given that progress report 07/14/2014 requested "refill of med," it is presumable that the patient has taken this medication in the past. In this case, recommendation for further use of tramadol cannot be supported as the treating physician does not provide any discussion regarding this medication's efficacy. There is no before-and-after scale to denote decrease in pain, and functional improvement and changes in ADLs are not provided. There are no urine drug screens, documentation of possible aberrant behaviors and adverse side effects are not address. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Tramadol is not medically necessary.