

Case Number:	CM15-0000468		
Date Assigned:	01/12/2015	Date of Injury:	10/31/2011
Decision Date:	03/06/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on October 31, 2011. He has reported intermittent to persistent pain of the back, arms, and legs. The diagnoses have included hernia repair, unspecified closed fracture of pelvis, and fracture of femur. Treatment to date has included physical therapy, and medications including oral short-acting and long-acting, and topical. Currently, the injured worker complains of continuing pelvic and lower back pain without significant improvement. The injured worker's oral short-acting pain medication was denied, which worsened his pain. On December 15, 2014 Utilization Review non-certified a prescription for Tramadol 50mg #60 with 2 refills, noting the initiating of Tramadol treatment was inappropriate due to the lack of significant change in the injured worker's condition and a lack of improvement from the continued use of Norco. The California Chronic Pain Medical Treatment Guidelines for Long-term Users of Opioids (6-months or more) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. The MTUS Chronic Pain Medical Treatment Guidelines also state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the provider requested the worker use tramadol since being denied Norco for the treatment of his chronic pain. There was insufficient documentation to show clear functional gains and measurable pain reduction from the Norco use, which suggests that the response to tramadol is not likely to be any different. Also, there was insufficient review documented regarding chronic opioid usage to discuss side effects, baseline pain levels, goals with use, etc. Also, the requested medications included both Norco and tramadol, which seems unnecessary. Therefore, considering these factors, the tramadol is medically unnecessary.