MAXIMUS Federal Services

Case Number:	CM15-0000536		
Date Assigned:	02/09/2015	Date of Injury:	01/18/2008
Decision Date:	04/14/2015	UR Denial Date:	12/01/2014
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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 72 year old male with an industrial injury dated 01/18/2008. His diagnoses include lumbar spine discogenic back pain with radiculopathy. Recent diagnostic testing was not provided or discussed. He has been treated with medications without mention of other treatments. In a progress note dated 09/12/2014, the treating physician reports low back pain, bilateral leg pain, bilateral knee pain. The objective examination revealed decreased range of motion of the lumbar spine, midline and paraspinal tenderness in the lumbar spine, and positive straight leg raises causing back pain. The treating physician is requesting tramadol and Relafen which was denied or modified by the utilization review. On 12/01/2014, Utilization Review modified a prescription for tramadol 50mg #60 to the approval of tramadol 50mg #60 1 month for weaning, noting the absence of documentation of maintained increase in function and decrease in pain with the use of this medication. The MTUS Guidelines were cited. On 12/01/2014, Utilization Review non-certified a prescription for Relafen 550mg #60, noting the lack of documented evidence of improvement in activities of daily living, diminished work restrictions, improved work status, and/or decreased reliance on medical treatment, and the lack of rationale as to why this injured worker cannot utilize over the counter non-steroid anti-inflammatory drugs. The MTUS Guidelines were cited. On 01/02/2015, the injured worker submitted an application for IMR for review of tramadol 50mg #60, and Relafen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93- 94.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 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 non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (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 no documentation to support the medical necessity of tramadol 50 mg nor any documentation addressing the "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 no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Relafen 500mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: The California MTUS guidelines recommend the usage of anti-inflammatory medications such as Relafen is a first-line agent to decrease pain and improve function of musculoskeletal pain. Considering the injured employees subjective symptoms and diagnosis, this request for Relafen is certified.