

<b>Case Number:</b>	CM15-0130463		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	12/03/2004
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 53-year-old male who sustained an industrial injury on 12/3/2004 resulting in right shoulder and left hip pain, left wrist pain, and rib pain. He was diagnosed with left wrist fracture, multiple rib fractures, right shoulder fracture and dislocation, and fracture of left femoral neck. Documented treatment has included left total hip arthroplasty; arthroscopic decompression and repair of the right shoulder; physical therapy; and, medication providing temporary pain relief. The injured worker continues to present with chronic pain in the upper back and left hip, including stiffness and reduced range of motion. The treating physician's plan of care includes Tramadol 50 mg. Present working status is not provided in documentation.

### 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 When to continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**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." With regard to medication history, the injured worker has been using tramadol since 8/11/14. Review of the available medical records reveals insufficient documentation to support the medical necessity of Tramadol nor sufficient 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 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. It was noted per progress report dated 6/11/15 that the injured worker rated his pain 8/10 without medication and 3/10 with, and was able to perform activities of daily living. 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 there was no documentation assuring safe usage of medication, medical necessity cannot be affirmed. Furthermore, the request for 3-month supply does not allow for timely reassessment of efficacy. It should be noted that the UR physician has certified a modification of the request for #60 with no refills. Therefore, the request is not medically necessary.