MAXIMUS Federal Services

Case Number:	CM15-0131003		
Date Assigned:	07/17/2015	Date of Injury:	10/19/2010
Decision Date:	09/23/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	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
Certification(s)/Specialty: Emergency Medicine

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 47-year-old male, who sustained an industrial injury on 10/19/2010. The mechanism of injury was not described. The current diagnoses are cervicalgia, cervical stenosis, headaches, pain disorder, and post-traumatic stress disorder. According to the progress report dated 5/13/2015, the injured worker complains of intermittent left knee pain, rated 4/10; intermittent left shoulder pain, and constant neck/back pain, rated 7/10. The physical examination of the cervical spine reveals tenderness to palpation along the spinous processes and paravertebral muscles. Range of motion is limited. The current medications are Tramadol, Omeprazole, Fioricet, Naproxen, Mirtazapine, and topical compound creams. There is documentation of ongoing treatment with Tramadol since at least 1/21/2015. Treatment to date has included medication management, physical therapy, home exercise program, H-wave, and chiropractic. Work status could not be identified within the medical records. A request for Tramadol has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tab 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-80, 86, 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61, 74-96.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: 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 "4A's" analgesia, activities of daily living, adverse side effects, and 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. In this case, Tramadol is not recommended as a first-line oral analgesic. The submitted medical records failed to provide documentation that the injured worker has failed first-line oral analgesic use. In addition, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Tramadol is not medically necessary.