

Case Number:	CM15-0131496		
Date Assigned:	07/17/2015	Date of Injury:	04/08/2013
Decision Date:	08/20/2015	UR Denial Date:	06/30/2015
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, 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 was a 42 year old male, who sustained an industrial injury, April 8, 2013. The injured worker previously received the following treatments Pantoprazole, Gabapentin, Capsaicin, Acetaminophen, Ibuprofen, Tramadol, physical therapy, Trazodone, 12 sessions of physical therapy and massage therapy. The injured worker was diagnosed with left cubital tunnel release and left ECU tendon surgery, lesion on ulnar nerve; rupture extension tendon hand, partial tear left extensor ulnaris and pain in the joint. According to progress note of April 28, 2015, the injured worker's chief complaint was left extremity pain and depression. The injured worker was still healing for surgery and the pain was being managed. The injured worker reported that the Gabapentin and Naproxen will also relieve nerve pain and inflammation. The injured worker reported increased muscle tightness and knots in the left shoulder and biceps which was increased and keeping the injured worker up a night. The treatment plan included a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg cap #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

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 insufficient documentation to support the medical necessity of Norco or 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 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. Per progress report dated 6/18/15, the injured worker rated his pain 4-5/10 with medications and 10/10 without. He stated that his medication regimen kept his pain within a manageable level and allowed him to complete necessary 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. The UDS reports submitted for review were from 2010 and did not indicate the presence of this medication. CURES report was not available. With regard to medication history, the documentation indicates that the injured worker has been using this medication since at least 11/2014. Absent UDS reports affirming appropriate medication usage, the request is not medically necessary.