

Case Number:	CM15-0149042		
Date Assigned:	08/12/2015	Date of Injury:	01/01/2004
Decision Date:	09/29/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/31/2015

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 53-year-old female injured worker suffered an industrial injury on 1-1-2014. The diagnoses included chronic subacute lumbar disc disease, depression, right knee arthroscopic surgery pain in the shoulder and neck pain. The treatment included cortisone injections, medications, Synvisc, chiropractic therapy and physical therapy. The diagnostics included right and left knee magnetic resonance imaging and upper and lower electromyographic studies. On 6-24-2015, the treating provider reported right knee and lower back pain that is constant with pain rated 7 out of 10. She reported the pain spread down her legs to the feet and bothers her during sleep. She stated she is able to work because of the medications. On exam, the lumbar spine had spasms and guarding. The straight leg raise was bilaterally positive. The injured worker had returned to work. The requested treatments included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg tab 1-2 tab daily prn pain #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

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 ongoing 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 "4A'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." Per note dated 8/25/15, it was noted that the injured worker reported on average, her pain was 7/10. She reported that her pain spreads down her legs to the feet and both legs are equally painful. She stated that she finds Tramadol to be beneficial. She continues to work full time and states that she is able to continue working with medications including Tramadol. She states that medications reduce her pain by 50%. She is able to walk and stand for longer periods of time. Tramadol provides enough analgesia for her to participate in her activities of daily living with decreased pain and avoid pain exacerbations.

There have been no signs or issues of abuse or aberrant behavior or diversion with the injured worker and their medication. Her DEA CURES report dated 8/5/15 was consistent, and opiate contract was signed 3/9/15. I respectfully disagree with the UR physician's assertion that the documentation does not support the ongoing use of Tramadol. The request is medically necessary.