

Case Number:	CM15-0162260		
Date Assigned:	08/28/2015	Date of Injury:	03/31/2009
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/18/2015

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 59 year old male who sustained an industrial injury on 03-31-2009. According to the most recent progress report submitted by the requesting provider dated 06-19-2015, the injured worker reported cervical spine pain that radiated into the upper extremities. There were associated headaches that were migrainous in nature as well as tension between the shoulder blades. Pain was rated 8 on a scale of 1-10 and was unchanged. He reported constant low back pain that radiated into the lower extremities. Pain was rated 8 and was unchanged. He reported intermittent pain in the bilateral shoulders. Pain was rated 4 and was unchanged. He had intermittent pain in the bilateral knees with some swelling and buckling. Pain was rated 4 and was unchanged. He had intermittent pain in the bilateral feet and ankles. Pain was rated 4 and was unchanged. Diagnoses included cervical discopathy, bilateral carpal tunnel syndrome confirmed on electromyography studies, left shoulder impingement with MRI evidence of full thickness supraspinatus tendon tear and partial tear of infraspinatus tendon, status post right shoulder arthroscopic surgery, status post L4 to S1 fusion with retained symptomatic lumbar spinal hardware, status post removal of the lumbar spine hardware L4 to S1, bilateral hip bursitis versus lumbar radiculitis, internal derangement bilateral knees, MRI evidence of grade III tear posterior horn of medial meniscus left knee, status post right knee arthroscopic surgery with probable re-tear of the posterior horn of the medial meniscus, bilateral plantar fasciitis, bilateral ankle internal derangement and status post left ankle and foot surgery. The injured worker was scheduled to see another provider for his left shoulder surgery. He was still awaiting cervical spine surgery. He was scheduled for and Agreed Medical Re-evaluation on 08-10-2015. He was

permanently partially disabled. A request for authorization dated 06-25-2015 was submitted for review. The requested treatments included Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol, Eszopiclone and Sumatriptan Succinate. Another request for authorization dated 07-24-2015 was submitted for review. The requested treatments included Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol and Sumatriptan Succinate. Currently under review is the request for Tramadol extended release 150 mg, once a day as needed for severe pain, quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol extended release 150mg, once a day as needed for severe pain, quantity 90:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 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 nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing 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 to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning. The request is not medically necessary.