

Case Number:	CM15-0181167		
Date Assigned:	09/22/2015	Date of Injury:	11/30/2011
Decision Date:	11/03/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/15/2015

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 57 year old male, who sustained an industrial injury on November 30, 2011. The injured worker was diagnosed as having discogenic cervical condition with four level disc disease, facet inflammation with headaches, discogenic lumbar condition with four level disc disease and facet arthropathy, epicondylitis bilaterally with bilateral tearing per magnetic resonance imaging, wrist joint inflammation on the right with scapholunate ligament widening per magnetic resonance imaging, right knee sprain, depression and weight gain, and cervicogenic headaches. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the right wrist, magnetic resonance imaging of the bilateral elbows, nerve studies of the upper extremities, magnetic resonance imaging of the lumbar spine, trigger point injections to the shoulder blade on the left, injections to the bilateral elbows, use of a hot and cold wrap, use of a neck pillow, use of a collar with a gel, use of soft and rigid braces to the right wrist, and medication regimen. In a progress note dated August 03, 2015 the treating physician reports symptoms to the neck, low back, right wrist, and bilateral elbows. Examination performed on August 03, 2015 was revealing for decreased range of motion to the cervical spine, tenderness to the lumbar and cervical spine, tenderness to the facet with facet loading at cervical four to five and cervical five to six, decreased range of motion to the lumbar spine, tenderness to the lumbosacral spine with facet loading from lumbar four through sacral one, tenderness to the wrist joint, tenderness to the shoulder girdle muscles, tenderness to the lateral epicondyle bilaterally, and weakness with gripping. The progress note from August 03, 2015 did not include the injured worker's current

medication regimen, but did include multiple medication requests from December 24, 2014 to July 13, 2015. The progress note also did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the progress note did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. On July 22, 2015 the injured worker's medication regimen included the medications of Norco and Naprosyn that were noted to decrease the injured worker's pain to the neck and headache, but the neurologic consultation did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the consultation did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On August 03, 2015 the treating physician requested the medication Tramadol ER 150mg with a quantity of 60 citing Medical Treatment Utilization Schedule Guidelines as the reason for the requested medication. On August 13, 2015, the Utilization Review denied the request for Tramadol ER 150mg with a quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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 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 on-going 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 6/3/15 was consistent for prescribed norco. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.