

<b>Case Number:</b>	CM15-0181189		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/25/2006
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 70 year old female who sustained an industrial injury on April 25, 2006. A recent primary treating office visit dated June 04, 2015 reported current subjective complaint of: "right shoulder and neck pain" as well as "across the lower back with numbness down the left outer thigh." She indicates "aching in the right knee traveling into the calf." The pain is rated a 7 out of 10 in intensity at rest and a 9 in intensity out of 10 with activity. She wears no orthopedic appliances and uses no walking aids concerning the right knee. The following diagnoses were applied to this visit: internal derangement of the right knee status post arthroscopy; spinal surgery to the lumbar spine, and multiple associated orthopedic and non- orthopedic complaints." The patient confirms the necessity for pain medication for pain relief. She indicates improvement with activities of daily living, no escalation in use and no adverse side effects taking prescribed medication." The plan of care is noted with recommendation for: prescriptions for Tramadol and Voltaren gel with note of pending authorization and follow up in 6 weeks. Primary follow up dated July 16, 2015 reported chief subjective complaint of "back pain with traveling pain into legs, particularly the right leg, as well as a painful right knee." She is in request of an epidural injection to her lumbar spine. There is noted of having a previous post-operative injection, "she believes, two years ago with initially a good result, but now with sciatica once again traveling into right thigh." The plan of care noted with referral to pain management for possible injection; prescription issued (Tramadol). On August 05, 2015, a request was made for medications Tramadol 50mg #90 with note of non-certification due to per the MTUS guidelines a therapeutic trial of Opioids should not be explored until the patient failed a non-Opioid medication first. In addition, documentation provided is not with sufficient narrative evidence on ongoing medication usage and documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #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 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. 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.