

Case Number:	CM15-0183754		
Date Assigned:	09/24/2015	Date of Injury:	10/05/2011
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female who sustained an industrial injury on 10-5-11. She is currently not working. The medical records indicate that the injured worker was being treated for lumbar herniated nucleus pulposus; bilateral knee meniscal tear; bilateral carpal tunnel syndrome; myospasms. In the progress note dated 7-28-15 the injured worker complained of low back pain with a pain level of 7 out of 10; bilateral knee pain (8-9 out of 10); bilateral hand pain (8 out of 10); right wrist pain (8 out of 10). On physical exam of the lumbar spine there was decreased range of motion with tenderness on palpation and spasms; bilateral knees revealed tenderness to palpation and range of motion with pain; bilateral wrists and hands revealed tenderness to palpation, and range of motion painful, positive Phalen's test bilaterally. The complaints and pain levels were unchanged in the 6-29-15 note. Evaluations of activities of daily living were not present. Urine toxicology tests from 4-6-15 through 7-28-15 did not detect tramadol. The injured worker has been on tramadol since at least 3-11-15. Treatments to date include acupuncture; medications: tramadol, cyclobenzaprine, omeprazole, topical creams. The request for authorization dated 8-29-15 was for tramadol 50mg #30. On 9-4-15 Utilization review non-certified the request for tramadol 50mg #30 modified to tramadol 50mg #30 with one refill to continue weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: The patient was injured on 10/05/11 and presents with low back pain, hand/wrist numbness, and bilateral knee pain. The request is for TRAMADOL HCL 50 MG DAILY #30. The RFA is dated 08/29/15 and the patient is to return to modified work with limited use of right/left hand. Review of the reports provided does not indicate when the patient began taking this medication, nor is it mentioned on any of the reports provided. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. On 08/25/15, the patient rated her pain as a 7/10. The patient had a urine drug screen on 07/28/15 and was consistent with her prescribed medications. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.