

Case Number:	CM15-0185615		
Date Assigned:	09/25/2015	Date of Injury:	01/21/2013
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/21/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 35-year-old male, who sustained an industrial injury on 1-21-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar back pain. On 8-6-2015, the injured worker reported bilateral low back pain. The Treating Physician's report dated 8-6-2015, noted the injured worker's medications as Cyclobenzaprine, Naproxen Sodium, and Tramadol. The lumbar spine was noted to have right paraspinal muscle tenderness to palpation, palpable muscle spasm, and point tenderness of soft tissue bilaterally with numbness and radiating pain down the left leg. Prior treatments have included at least 12 sessions of physical therapy with slight improvement, home exercises, rest, icy hot, lumbar epidural steroid injection (ESI) on 4-30-2013 noted to be 10% effective, Toradol injection 9-5-2013 noted to be effective, right L4-L5 discectomy, and epidural steroid injection (ESI) 7-22-2014 noted to be effective for the low back. The treatment plan was noted to include continued medications with the injured worker's work status noted to be modified work. The injured worker's Tramadol has been prescribed since at least 4-9-2015. The request for authorization dated 8-6-2015, requested Tramadol HCL 50mg #30. The Utilization Review (UR) dated 8-18-2015, non-certified the request for Tramadol HCL 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as tramadol. Therefore, the request is not medically necessary.