

Case Number:	CM15-0188522		
Date Assigned:	09/30/2015	Date of Injury:	04/26/2001
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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 49 year old, male who sustained a work related injury on 4-26-11. A review of the medical records shows he is being treated for bilateral foot issues, gastrointestinal problems, burn issues and bilateral hand problems. Current medications include Tramadol, Zyrtec, Colace, Melatonin and Neurontin. There is no documentation on how long he has been taking the Tramadol and what benefits he is receiving from it. In the progress note dated 8-27-15, it is stated "the patient was prescribed Tramadol 50mg. daily" by another physician. It does not state what the Tramadol was prescribed for. In the progress notes, the injured worker reports chronic pain of his hands and feet. He has visual impairment and impaired ambulation. He has numbness in his right hand if the arm hangs down. On physical exam dated 8-27-15, he has burn wounds at the neck, forehead, ears, and right forearm. He has a large umbilical hernia. He has swelling in right hand. He has minimal swelling in his left foot. The treatment plan includes a request for him to follow-up with dental specialist, to request replacement orthotics and a request a six month supervised gym program. In the Utilization Review dated 9-21-15, the requested treatment of Tramadol 50mg. #20, refill x 1 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #20 with one refill: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with chronic pain of his hands and feet. The request is for TRAMADOL 50MG #20 WITH ONE REFILL. The request for authorization is not provided. The patient is status post right hand surgery, 09/23/14. The patient underwent a CT scan of the abdomen and pelvis on 08/03/15. The patient underwent electrodiagnostic studies on 05/05/15. Physical examination reveals range of motion in the left elbow is within normal limits. Exam of the left foot notes that the left great toe is minimally swollen and tender. The patient reports that his ankle foot orthoses are wearing out and will require replacement. The patient has apparently developed an open wound on his right third toe as he was wearing a new pair of shoes recently. The patient reports that recently he developed a rash on his thorax, which was likely related to the use of too much laundry detergent on his clothing. The patient had previously been attending a supervised gym program. The patient has not noted any side effects with the Tramadol, including any nausea, dizziness, sedation, or constipation. Per progress report dated 08/27/15, the patient is temporarily totally disabled. 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. MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 08/27/15, treater's reason for the request is "patient states that he does not require the tramadol every day and takes it intermittently as needed." Patient has been prescribed Tramadol since at least 05/19/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Tramadol. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects but not aberrant drug behavior. No UDS, CURES or opioid contract is provided for review. In this case, treater does not adequately discuss the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.

