

Case Number:	CM15-0190566		
Date Assigned:	10/02/2015	Date of Injury:	08/22/2007
Decision Date:	11/16/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 50-year-old male with a date of industrial injury 8-22-2007. The medical records indicated the injured worker (IW) was treated for displacement of lumbar intervertebral disc without myelopathy. In the progress notes (6-4-15 and 7-9-15), the IW reported periodic back pain rated 7 out of 10 without medications and 2 out of 10 with Tramadol. The pain caused him to avoid working, performing household chores and driving (unless necessary). On examination (7-9-15 notes), lumbar range of motion was limited and there was tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. Facet loading was negative bilaterally. The left sacroiliac joint was tender, with positive Patrick's test. Treatments included medications. The left greater trochanter was tender, as well. There was some weakness in the lower left leg and diminished sensation in the left L5 and S1 dermatomes. Urine toxicology screen on 7-9-15 was negative for all substances tested. A Request for Authorization was received for retrospective Tramadol 50mg, #60 (date of service 7-9-15). The Utilization Review on 8-19-15 non-certified the request for retrospective Tramadol 50mg, #60 (date of service 7-9-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 50mg quantity 60 DOS 7-9-15: 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 ongoing 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 nonadherent) 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 neither insufficient documentation to support the medical necessity of tramadol nor sufficient 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 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. It was noted per progress report dated 6/4/15 that tramadol provided moderate pain relief that brought pain level down to 2/10. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was performed 7/9/15 but results were pending. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the medical necessity of the retrospective request cannot be affirmed.