

Case Number:	CM15-0191172		
Date Assigned:	10/06/2015	Date of Injury:	05/14/2008
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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 73 year old female injured worker suffered an industrial injury on 5-14-2008. The diagnoses included chronic nerve, pain joint lower leg, and chronic pain syndrome. On 8-17-2015 the treating provider reported she continued to have right knee pain and using shorter acting Tramadol and used this rarely with only using 1 in the prior week. She was 3 months out from the last corticosteroid injection and continued to enjoy pain reduction from the injections although she felt that perhaps the pain was returning slightly. On exam the right knee had joint line tenderness. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. Request for Authorization date was 8-17-2015. The Utilization Review on 8-31-2015 determined non-certification for Retrospective Tramadol/APAP 37.5/325mg #90 DOS: 8/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol/APAP 37.5/325mg #90 DOS: 8/17/2015: Overturned

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." Per progress report dated 9/25/15 It was noted that the injured worker was doing reasonably well in regards to her right knee pain as she was using a shorter acting tramadol and uses this rarely. Tramadol/APAP provided enough analgesia for her to participate in her activities of daily living with decreased pain and avoid pain exacerbation. 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 dated 3/12/15 was negative for opiates. The provider noted that this was consistent as the injured worker uses Tramadol/APAP on a PRN basis. CURES report dated 8/17/15 is also consistent that the injured worker had been receiving opioids only from one office. The injured worker's morphine equivalent dose is below the guideline recommended 120MED. I respectfully disagree with the UR physician's assertion that the documentation does not support ongoing opiate therapy. The request is medically necessary.