

Case Number:	CM15-0192676		
Date Assigned:	10/06/2015	Date of Injury:	05/23/1991
Decision Date:	11/19/2015	UR Denial Date:	08/30/2015
Priority:	Standard	Application Received:	09/30/2015

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 injured worker is a 66 year old female, who sustained an industrial injury on 5-23-1991. Medical records indicate the worker is undergoing treatment for chronic left low back pain, lumbar degenerative disc disease, left lumbar 4-5 radiculopathy and anxiety. A recent progress report dated 7-9-2015, reported the injured worker complained of unchanged low back pain that is improved with Tramadol. Physical examination revealed lumbar midline and left paralumbar tenderness, mild tenderness over the left trochanter and range of motion is flexion of 60 degrees and extension of 15 degrees. The progress noted from 5-14-2015 report a lumbar magnetic resonance imaging that showed multilevel degenerative disc disease, disc bulges and foraminal and spinal stenosis. Treatment to date has included chiropractic care, failed epidural steroid injection, physical therapy and Tramadol since at least 9-4-2012. On 8-25-2015, the Request for Authorization requested for Tramadol 50mg #60 with 2 refills. On 8-29-2015, the Utilization Review modified the request for Tramadol 50mg #60 with 2 refills to #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg # 60with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 on-going 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 no recent documentation to support the medical necessity of tramadol nor any 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 pain relief, 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. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS cited is from 2011. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the request for 3-month supply is not appropriate as it does not allow for timely reassessment of medication efficacy.