

Case Number:	CM15-0196719		
Date Assigned:	10/12/2015	Date of Injury:	03/22/2010
Decision Date:	12/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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 56 year old female who sustained an industrial injury on 03-22-2010. Medical records indicated the worker has a history of chronic back pain. On 04-16-2015, she was seen for carpal tunnel syndrome. She complained of dropping objects and having pain with gripping, grasping, combing her hair, and continued weakness in the right hand. She continued with burning, tingling over the radial side of her wrist and base of thumb. She had ongoing sensitivity over the index and middle finger of the right hand. She also had numbness and tingling in her thumb, index and middle finger which had not changed since her prior visit. Other diagnoses include enthesopathy, pain in joint of shoulder, cervicgia, lumbar or lumbosacral disc degeneration, and lumbago. In the provider notes of 05-22-2015, the worker is seen for upper extremity carpal tunnel syndrome. There are no acute changes in her pain condition. She has been on Ultram ER 300 mg, Gabapentin 600 mg three times daily and Voltaren 1% gel since at least 04-16-2015. She stated in April 2015 that her pain was a 5 on a visual analog scale of 0-10, with medications, and she continued to use medications with benefit and without side effects. She was also using her TENS (transcutaneous electrical nerve stimulation (TENS) unit) daily and doing her Home exercise program. On 05-22-2015 she stated that Ultram ER continued to be beneficial in controlling her pain, improving her pain from 9 to 6 for 4-5 hours. Gabapentin helped improve the nerve pain and was used as an adjuvant medication. Voltaren helped with middle finger shocking and sensitivity pain. She has an opiate agreement and has been doing urine screens. A request for authorization was submitted for Ultram ER 300mg #30 A utilization review decision 09-10-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 300mg #30: 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 insufficient documentation to support the medical necessity of Ultram ER 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 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. Per progress report dated 5/22/15, the injured worker stated that Ultram ER reduced her pain from 9/10 in intensity to 6/10 for 4-5 hours. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per progress report dated 4/16/15, urine testing performed on this day was negative across 12 classes of illicit drugs, opiates or illegal drugs. However, as MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.