

Case Number:	CM15-0198039		
Date Assigned:	10/13/2015	Date of Injury:	06/22/2009
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 52 year old female, who sustained an industrial injury on 06-22-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, lumbar stenosis, lumbar radiculitis, muscle pain, lumbar spondylosis, and lumbar degenerative disc disease. Medical records 04-28-2015 indicate ongoing and increasing low back pain. Pain levels were 5-8 out of 10 in severity on a visual analog scale (VAS) on 04-28-2015 and increased to 7-9 out of 10 by 07-21-2015. Activity levels and level of functioning were not specifically addressed. Per the treating physician's progress report (PR), the IW has not returned to work and noted to be disabled. The physical exam, dated 07-21-2015, was limited due to the IW being in a wheelchair, but did reveal normal bilateral lower extremity strength, slightly diminished sensation in the lateral feet, sacroiliac joint tenderness bilaterally, and tenderness over the lumbar paraspinal muscles. Relevant treatments have included electrical stimulation, heat, work restrictions, and pain medications (tramadol since at least 04-2015). The treating physician indicates that a CURES report was reviewed on 07-21-2015 resulting in no red flags. The request for authorization (09-21-2015) shows that the following medication was requested: tramadol 50mg #60. The original utilization review (09-28-2015) partially approved the request for tramadol 50mg #60 (modified to one fill of medication for weaning).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do indicate and document formal opioid risk mitigation tool use or assessment. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and 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. Given the medical records do document such ongoing monitoring, the medical records do support the continued use of opioids such as tramadol. The request is medically necessary.