MAXIMUS Federal Services

Case Number:	CM15-0199618		
Date Assigned:	10/14/2015	Date of Injury:	07/10/2013
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/12/2015

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 55 year old male who sustained an industrial injury on 7-13-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy, lumbar spinal stenosis, left elbow pain and lateral epicondylitis. Medical records (7-6-2015, 8-6-2015, 9-8-2015) indicate ongoing low back pain. The injured worker also complained of left elbow pain. He complained of pain in both feet and weakness in his legs. He reported frequent headaches and insomnia. On 8-6-2015, the injured worker reported that Buprenorphine was not providing adequate pain relief. Ultracet was prescribed. On 9-8-2015, the injured worker reported that Ultracet was providing modest improvement in his pain level and on average decreased his pain from 7 out of 10 to 6 out of 10. The physical exam (8-6-2015, 9-8-2015) revealed an antalgic gait. There was tenderness to palpation at the left lateral epicondyle and olecranon. Treatment has included epidural injection with no benefit and medications (Tramadol since 8-6-2015). The physician noted that the injured worker had side effects in the past with Morphine and Norco. The original Utilization Review (UR) (9-18-2015) denied a request for Tramadol 50 mg 1 TID #90, switch to 50mg from 37.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg 1 tid #90, switch to 50mg from 37.5mg: 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 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 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, 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 in the medical records that the injured worker reported 30% pain relief with tramadol 50mg. However, no specific objective measures of functional improvement were documented. 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 performed 6/22/15 was negative for opioids as the injured worker was using Buprenorphine as needed at that time. DEA CURES report conducted 5/27/15 was appropriate. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.