

<b>Case Number:</b>	CM15-0205074		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/18/2001
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 55-year-old female who sustained an industrial injury on September 18, 2001. The worker is being treated for: work injury to neck, low back and left knee. Subjective: March 23, 2015, June 05, 2015, states having "significant amount of symptomatology," basically has "near whole body pain." There is note of significant amount of aching, stabbing neck pain with associated pins and needles sensation; bilateral shoulder pain; aching pain in bilateral hands and wrists; significant amount of aching, stabbing low back pain with pins and needles sensation; left knee also with aching, stabbing, pins and needles pains and lastly aching pain in the bilateral feet and ankles. Objective: March 23, 2015, reporting symptoms of depression, memory loss and stress. There is tenderness at the occipital insertion of the paracervical musculature and tenderness to palpation over the upper trapezius muscle. There is noted tenderness from the thoracolumbar spine down to the base of the pelvis; buttocks are tender and unable to fully squat due to pain. There is note of mild sacroiliac joint symptomatology. The left knee is found with abnormal patellar tracking with positive grind and noted hamstring tenderness. McMurray's is found positive and mild effusion noted. June 05, 2015, noted with difficulty ambulating. Medication: March 23, 2015: Motrin, Nexium, and pain cream; prescribed Ultram 50mg. June 05, 2015: prescribed: Ultram, Diclofenac. On September 15, 2015 a request was made for Tramadol HCL and Acetaminophen 37.5mg 325mg #60 which was noncertified by Utilization Review on September 21, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL & ACET 37.5/325mg #60:** 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 no documentation to support the medical necessity of Ultracet 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. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity is not necessary.