

Case Number:	CM15-0205457		
Date Assigned:	10/22/2015	Date of Injury:	10/26/2010
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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 58 year old male who sustained an industrial injury on 10-28-10. A review of the medical records indicates he is undergoing treatment for lumbosacral spondylosis, post-laminectomy syndrome of the lumbar region, and degeneration of the lumbar and lumbosacral intervertebral disc. Medical records (5-22-15, 6-19-15, 8-4-15, 8-31-15, and 9-28-15) indicate ongoing complaints of low back pain, rating "3 out of 10" at its best and "8-9 out of 10" at its worst. The 9-28-15 record indicates a pain rating with medications of "4-7 out of 10" and "5-9 out of 10" without medications. He describes the pain as "sharp, dull, and aching". The records indicate that the pain is "constant and radiating". The physical exam (8-4-15) reveals diminished range of motion in all planes. Tenderness to palpation is noted in the lumbar paraspinous area. Spasm is noted, as well as bilateral lumbar trigger points. Tenderness to palpation is also noted over the lumbar facet joints from L4-L5. Diagnostic studies have included a urine toxicology screen on 4-30-15 showing "inconsistent" results for Tramadol. Treatment has been through medications. His medications include Cymbalta, Norco, Tramadol, and Robaxin. He has been receiving Tramadol since, at least, 4-3-15. He is working with restrictions. The utilization review (10-8-15) includes a request for authorization of Tramadol 50mg #120, 1-2 tablets four times daily. The request was modified to Tramadol 50mg #120, 1-2 tablets 4 times a day for the purpose of weaning and to discontinue with a reduction of medication by 10-20% per week over a period of 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

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, 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 note dated 9/28/15, the injured worker reported pain 4-7/10 with medications, and 5-9/10 without medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 5/18/15 was positive for hydrocodone, tramadol, and lorazepam; with tramadol listed as inconsistent. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.