

<b>Case Number:</b>	CM15-0216247		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/30/2003
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 injured worker is a 70 year old male, who sustained an industrial injury on 06-30-2003. The injured worker was diagnosed as having status post bilateral hip replacement with development of deep vein thrombosis in the lower extremity following surgery with complications, lumbar laminectomy and discectomy with fusion. On medical records dated 09-03-2015, the subjective complaints were noted as back pain and bilateral hip pain. Pain radiates down the left buttocks and posterior thigh. Pain was rated a 10 out of 10 without medication and a 4 out of 10 with medication. Objective findings were noted as back exam revealed a well-healed posterior incision the lumbar trunk, unable to stand up straight and bilateral hip exam revealed tenderness over the greater trochanter. Passive range of motion was noted as painful in both hips. Treatment to date included medication. Current medications were listed as Tramadol since at least 12-2014, Cialis and Xarelto. The Utilization Review (UR) was dated 10-23-2015. A Request for Authorization was dated 10-13-2015. The UR submitted for this medical review indicated that the request for Tramadol 50 mg Qty 120 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

**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 non-adherent) 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 report dated 8/6/15, the injured worker rated his pain 10/10 without medications, and 4/10 at best with medications. 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 cannot be affirmed. Therefore, the request is not medically necessary.