

Case Number:	CM15-0219187		
Date Assigned:	11/12/2015	Date of Injury:	02/28/2011
Decision Date:	12/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/06/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 34 year old female, who sustained an industrial injury on February 28, 2011, incurring lower extremity, knee, back, neck, right shoulder and left upper extremity injuries. She was diagnosed with cervicalgia, lumbago, and a closed fracture of the right patella. Treatments included physical therapy, home exercise program, pain medications, neuropathic medications, topical analgesic patches, sleep aides, anti-inflammatory drugs, and antidepressants, nerve block injections and activity restrictions. Currently, the injured worker complained of persistent pain of the right lower extremity. She had frequent pain flare-ups with activities and required pain injections for relief. She was diagnosed with reflex sympathetic dystrophy of the right lower extremity and chronic pain syndrome. Treatment included ongoing physical therapy. The injured worker noted the chronic pain interfered with her activities of daily living including self-care and chores. The treatment plan that was requested for authorization included a prescription for Tramadol 50 mg #90 with 2 refills. On October 2, 2015, a request for a prescription for Tramadol quantity #90 with 2 refills was modified to a quantity of #60 with no refills by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there is report of not having any major improvements with the use of medications including Norco and others. The provider introduced tramadol for trial, however, there was no clear report found on if the worker actually used some of these pills or never was able to begin it due to non-approval. If they were started, there was insufficient reporting to show clear functional gains from its use, and if they were never actually used after being offered them, then based on effects of Norco having minimal benefit, it is unlikely that tramadol will be any more effective. Until this is clarified more by the documentation, this request for tramadol is not medically necessary.