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| Case Number: | CM15-0083523 | | |
| Date Assigned: | 05/05/2015 | Date of Injury: | 04/13/2011 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/01/2015 |
| Priority: | Standard | Application Received: | 04/30/2015 |

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: Florida
 Certification(s)/Specialty: Neurology, 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 51 year old male, who sustained an industrial injury on April 13, 2011. The injured worker was diagnosed as having chronic low back pain, depression, discogenic low back pain, facetogenic low back pain. Treatment to date has included chiropractic treatments, physical therapy, L5-S1 injection, x-ray, MRI, and medication. Currently, the injured worker complains of low back with radiation to the anterior right thigh with some numbness and tingling, and extremity pain. The Primary Treating Physician's report dated February 25, 2015, noted the injured worker reported the pain the same, with Tramadol helpful, with pain level at 10/10 without medication, coming down to a 7/10 with medication. Lumbar examination was noted to show tenderness in the paraspinal muscles of the lower spine and facets, with slightly decreased range of motion (ROM). The injured worker was noted to have continued low back pain with mild radicular pain in the right leg. A urine toxicology screen from January 28, 2015, was noted to be negative of any scheduled substances, consistent with the history, and a CURES report from January 19, 2015 consistent with history, with a signed opioid agreement in the chart. The Physician noted the clinical history, physical exam, and imaging, and diagnostic studies suggest a combination of nociceptive and neuropathic pain. The treatment plan was noted to include Tramadol and Lexapro dispensed, and a discussion of psychotherapy for severe depression diagnosis from the PHQ-9 questionnaire.

IMR ISSUES, DECISIONS AND RATIONALES

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

200 tablets for Ultram 50 mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do indicate or document formal opioid risk mitigation tool use and assessment and indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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. Given the medical records do document such ongoing monitoring, the medical records do support the continued use of opioids such as tramadol. The request is medically necessary.