

Case Number:	CM15-0086534		
Date Assigned:	05/08/2015	Date of Injury:	01/07/2013
Decision Date:	06/10/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who sustained an industrial injury on 1/7/13. The injured worker was diagnosed as having contusion of chest wall and multiple rib fractures. Currently, the injured worker was with complaints of chest pain. Previous treatments included medication management. Previous diagnostic studies included computed tomography. Physical examination was notable for tenderness to right posterior chest wall. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 78 & 93-94,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents on 08/04/14 with unrated mid right-sided flank pain. The patient's date of injury is 01/07/13. Patient has no documented surgical history directed at

this complaint. The request is for TRAMADOL 50MG #60 X3 REFILLS. The RFA was not provided. Physical examination dated 08/04/14 reveals mild pain elicitation with AP and lateral compression of the rib cage, mostly in the right mid rib cage at ribs 9, 10, 11 [sic]. The patient is currently prescribed Atenolol, Mobic, Tramadol, and Topamax. Diagnostic imaging included chest CT scan dated 02/27/14, significant findings include: "Multiple old lower lateral right rib fractures are noted. There is an old posterior spinous process fracture at T5 or T6. Suspect old bilateral clavicle fractures." Per 08/04/14 progress note, patient is advised to return to work with modified duties, though is not currently working. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the requested Tramadol for the maintenance of this patient's rib pain, the provider has not provided adequate documentation of medication efficacy to continue treatment. This patient has been prescribed Tramadol since at least 03/03/14. In regard to efficacy progress note dated 08/04/14 does not provide documentation of analgesia using a validated scale. The note does provide documentation of functional improvement, namely that this medication helps the patient sleep, and without taking Tramadol she loses 6-7 hours of sleep a night. A urine drug screen collection request dated 07/16/14 was provided, though the toxicology report or discussion of consistency with prescribed medications is not included in the subsequent notes. In addition, there is no specific discussion of a lack of aberrant behavior provided to substantiate continued use. Owing to a lack of complete 4 A's documentation as required by MTUS, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.