

Case Number:	CM15-0240178		
Date Assigned:	12/17/2015	Date of Injury:	01/19/2015
Decision Date:	01/27/2016	UR Denial Date:	12/04/2015
Priority:	Standard	Application Received:	12/09/2015

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 41 year old female who sustained an industrial injury on 01-19-2015. A review of the medical records indicated that the injured worker is undergoing treatment for cervicgia, cervical spondylosis without myelopathy, right occipital neuralgia, myofascial pain syndrome, and lumbar sprain and strain. According to the treating physician's progress report on 10-23-2015, the injured worker continues to experience neck pain radiating to the right upper back and numbness and tingling of the right hand and fingers, mid and low back pain rated at 5 out of 10 without radiating symptoms and migraines approximately twice a week. Right occipital tenderness to palpation along the course of the occipital nerve was noted. Examination of the cervical spine demonstrated tenderness to palpation along the right upper, mid and lower cervical paraspinal muscles. There was tenderness to palpation along the right sided middle trapezius, right sided periscapular and right sided rhomboid muscles. Full range of motion was demonstrated in all directions except cervical extension which was limited to 60 degrees. Spurling's test was negative bilaterally. Deep tendon reflexes were 1+ and symmetric in all extremities. Sensation to light touch and pinprick was intact in all extremities except decreased to pinprick along the right side C6-C8 dermatomal distribution. Heel to toe gait was within normal limits without signs of antalgia. An official report of an electro-diagnostic studies performed on 07-08-2015 was included in the review. A cervical spine magnetic resonance imaging (MRI) performed on 02-27-2015 and the electro-diagnostic studies were interpreted in the progress notes dated 10-23-2015. Prior treatments have included diagnostic testing, acupuncture therapy (13 sessions), physical therapy (at least 50 sessions), neurology consultation

and medications. Current medications were listed as Tramadol, Cyclobenzaprine, Treximet, Ibuprofen and Amitriptyline. Treatment plan consists of discontinuation of Amitriptyline and the current request for Tramadol/ APAP 37.5/ 325mg #60 (new prescription). On 12-04-2015 the Utilization Review determined the request for Tramadol/ APAP 37.5/ 325mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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 ongoing 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 neither documentation to support the medical necessity of Tramadol/ APAP nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, 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. Furthermore, 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, the request is not medically necessary.