

Case Number:	CM14-0180151		
Date Assigned:	11/04/2014	Date of Injury:	02/17/2009
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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's original date of injury was 2/17/2009. The industrially related diagnoses include chronic low back pain, lumbar strain, L5-S1 spondylolisthesis, pars defect, sacroiliac sprain, right shoulder tendonitis, AC joint hypertrophy, and chronic shoulder pain. Conservative therapies have included multiple medications. The patient has tried Zanaflex, topical Terocin, Ibuprofen, Norco, and Soma. The patient's pain has been very severe at times, and he has gone to the emergency room on 5/19/2014. The patient was started on Tramadol ER on 9/24/14 by his internal medicine physician. There is documentation that the patient was taking Norco 2-3 times per day at the time of the initial request for Tramadol ER. The disputed issue is the tramadol ER request, which was denied in a utilization review determination which specified that there was no support for this as "there continues to be no evidence to support ongoing need for opioid medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: With regard to this request, tramadol is pain reliever that is an atypical mu opioid receptor agonist. The California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 nonadherent) 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. While pain relief was documented, improvement in function was not clearly outlined. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply to the requisite monitoring documentation to continue this. The patient was started on tramadol ER on 9/24/14 by his internal medicine physician. There is documentation that the patient was taking Norco 2-3 times per day at the time of the initial request for tramadol ER. This patient demonstrated insufficient benefit from Norco, a short acting opioid, on an as needed basis. However, this failure does not generalize to failure of all opioids. It is reasonable to trial a long acting opioid agonist in this case because of the documentation of continued severe low back pain. The tramadol ER is medically necessary.