MAXIMUS Federal Services

Case Number:	CM14-0211862		
Date Assigned:	01/02/2015	Date of Injury:	05/19/2009
Decision Date:	02/27/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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 & Rehabn

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 patient is a 52-year-old male with an injury date of 05/19/2009. Based on the 07/01/2014 progress report, the patient has restrictions in standing and walking for no more than 30 minutes at a time on flat surfaces, sitting up to an hour, lifting no more than infrequent 50 pounds with no carrying and carrying no more than 15 pounds. The patient should avoid ramps, inclines, hills, repetitive bending, uneven surfaces, squatting, kneeling, and stairs. No positive exam findings were provided on this report. The 08/05/2014 report indicates that the patient rates his pain as a 7/10. His pain is worsening in his bilateral knees, and he is having spasms "every so often". The patient has numbness/tingling. He has pain in his lower back and bilateral lower extremities. The patient has difficulty doing his own chores and admits to having sleep issues and that pain prevents him from falling asleep as well as waking up. The patient sleeps for about 3 hours every night and admits to depression due to chronic pain, decreasing his ability to do tasks. The 11/11/2014 report continues to state that the patient has anxiety and depression related to chronic pain as well as difficulty sleeping. The patient continues to have neck and low back pain as well. The patient has tenderness along the cervical and lumbar paraspinal muscles and pain along both knees. His gait is antalgic and wide-based. The patient's diagnoses include the following:1.Internal derangement of the knee bilaterally, status post Hyalgan injection and cortisone injection with MRI showing severe arthritis along the medial joint line on the right and tricompartmental arthritis on the left.2. Diskogenic lumbar condition with radicular component down the lower extremities for which EMGs have not been yet done, although they have been recommended. Facet joint injections have been recommended in the past.3. Diskogenic cervical

condition with radicular component down the upper extremities for which the EMGs have been denied and need to be done for purpose of discovery for which no interventional treatment has been provided.4. Resolution of his Achilles tendon and calf musculature involvement since there is no symptomatology left in those areas.5. Chronic pain syndrome. The utilization review determination being challenged is dated 12/06/2014. There were 3 treatment reports provided from 07/01/2014, 08/05/2014, and 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCI ER Tablet 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-92, 68-71.

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

Decision rationale: The patient presents with pain in his neck, lower back, and both knees. The request is for TRAMADOL HCL ER TABLET 100 MG. The patient has been taking tramadol as early as 08/05/2014.MTUS Guidelines pages 80 and 89 states, "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 also requires documentation of the 4A's (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.None of the reports provided give any discussion on any change in the patient's pain and function. None of the 4A's are addressed as required by MTUS Guidelines. The treating physician fails to provide any pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures were provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested tramadol HCl IS NOT medically necessary.