

Case Number:	CM15-0010297		
Date Assigned:	01/27/2015	Date of Injury:	04/20/2004
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/19/2015

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 64 year old female with an industrial injury dated 04/20/2004. Her diagnoses include long term use of medications, lumbosacral spondylosis, pain in joint, left hip and thigh, acquired spondylolisthesis, and joint replaced right hip. Recent diagnostic testing has included a MRI (date unknown) showing a disc protrusion at L5-S1. She has been treated with injections, medications, and right hip replacement. In a progress note dated 12/22/2014, the treating physician reports chronic low back pain and bilateral hip pain despite treatment with tramadol which was noted specifically by the injured worker and with a request for a different medication. The objective examination revealed normal muscle tone in the bilateral upper and lower extremities, normal muscle strength in the bilateral upper and lower extremities with no abnormal findings noted. The treating physician is requesting tramadol HCL ER which was denied by the utilization review. On 01/12/2015, Utilization Review non-certified a prescription for retrospective tramadol HCL ER 150mg #30 dispensed on 11/21/2014, noting the non-recommended use as a primary treatment for persistent pain. The MTUS Guidelines were cited. On 01/19/2015, the injured worker submitted an application for IMR for review of retrospective request for tramadol HCL ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective - Tramadol HCL ER 150mg #30, Dispensed on 11/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going 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 nonadherent) 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 no documentation to support the medical necessity of tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going 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 to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed for the medication dispensed.