MAXIMUS Federal Services

Case Number:	CM15-0129009		
Date Assigned:	07/15/2015	Date of Injury:	10/26/2010
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/02/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 46 year old female who sustained an industrial injury on 10/26/2010. She reported chronic finger, bilateral upper extremity pain with psychological complaints. The injured worker was diagnosed as having chronic lateral epicondylitis, bursitis, recurrent major depression, psychogenic pain, single episode of major depression, and insomnia due to mental disorder, and anxiety state. Treatment to date has included medications, physical therapy, and local steroid injections to the elbows. Currently, the injured worker complains of chronic bilateral upper extremity pain and depression. The worker's pain has not changed since her previous visit. She states it is tolerable. Her pain is continued as bilateral upper extremity pain with intermittent radicular symptoms. Driving makes it worse, as does extended periods of forward flexion. Medications and rest make it better. Her medications include Ultracet which she takes on an as-needed basis for pain. He IW reports a 30% pain decrease with the medication which allows her to continue working full-time and complete her activities of daily living. She also utilizes Trazodone and Venlafaxine for anxiety and depressions. She denies side effects with the medications. On exam, the worker is anxious and in pain, her muscle tone is normal. Her work status is "permanent and Stationary" with permanent disability. The treatment plan includes continuation of current medications. Current medications include Tramadol, Tri Sprinter, Tylenol, Trazodone, and Venlafaxine. A request for authorization is made for the following: Tramadol/APAP 37.5/325 MG Dispensed on 4/21/15 and Ongoing Medical Necessity Qty 90.

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 Dispensed on 4/21/15 and Ongoing Medical Necessity Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Criteria for use of opioids Page(s): 113, 76-79.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tramadol). There is no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medication. Therefore, the prescription of Prescription request for Tramadol/APA 37.5/325mg #90 is not medically necessary.