

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0174509 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 10/20/2014 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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 23 year old female, who sustained an industrial injury on 10-20-14. The injured worker has complaints of neck pain. There is tenderness about her cervical spine. Magnetic resonance imaging (MRI) of the cervical spine on 6-16-15 showed overall very mild cervical spondylosis; at c4-5, borderline central canal stenosis, and mild right foraminal narrowing and at C5-6, borderline central canal stenosis, and mild bilateral foraminal narrowing. Electromyography/nerve conduction velocity study of the left upper extremity on 7-3-15 showed normal electrodiagnostic study; no nerve conduction study evidence of a left arm peripheral neuropathy and no electromyography evidence of a left C5-T1 motor radiculopathy. X-rays of the cervical spine showed severe loss of cervical lordosis. The diagnoses have included displacement of cervical intervertebral disc without myelopathy and cervicalgia. Treatment to date has included hydrocodone; diclofenac sodium; tramadol HCL ER; cyclobenzaprine and pantoprazole sodium. The documentation noted on 7-15-15 that due to the injured workers ongoing and severe pain complaints and the inability to fins any significant objective findings to correlate with her complaints a request for authorization the injured worker was for a consult with a top spine specialist and a psychiatric consultation due to the injured worker is quite depressed due to her chronic pain. The original utilization review (8-17-15) non-certified the request for tramadol ER 150mg #30 on 06/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 on 06/17/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 no documentation to support the medical necessity of tramadol or 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 and cannot be affirmed.