

Case Number:	CM15-0177668		
Date Assigned:	09/18/2015	Date of Injury:	07/12/2010
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/09/2015

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 56 year old female, who sustained an industrial injury on 07-12-2010. She has reported injury to the neck, left shoulder, and bilateral upper extremities. The injured worker has been treated for complex regional pain syndrome-reflex sympathetic dystrophy; back pain; nerve neuralgia; gastritis; nonorganic sleep disorder; and major depressive disorder. Treatment to date has included medications, diagnostics, injections, cognitive behavioral therapy, and physical therapy. Medications have included Tramadol ER, Norco, Naproxen, Buspar, Cymbalta, Fioricet, Temazepam, and Prilosec. A progress report from the treating physician, dated 07-28-2015, documented an evaluation with the injured worker. The injured worker reported that she has had upper gastrointestinal symptoms, again off the Omeprazole; she still has frequent nausea; she thinks the Omeprazole was very helpful; and she is using the patches and creams and they help a lot. Objective findings included there is no cyanosis, clubbing, or edema of the extremities; neurological exam shows no lateralizing signs; and Omeprazole will be restarted, and the transdermals will be continued, as she is still having the problems with pain and she has increased gastrointestinal pain. The treatment plan has included the request for Tramadol Hydrochloride 150mg extended release, 30 days supply quantity 180. The original utilization review, dated 09-04-2015, non-certified a request for Tramadol Hydrochloride 150mg extended release, 30 days supply quantity 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride 150mg extended release, 30 days supply quantity 180: 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 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 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 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 7/31/15 was negative for tramadol metabolite. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.