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| Case Number: | CM15-0025704 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 12/06/2011 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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, Michigan, 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 is a 29-year-old female, with a reported date of injury of 12/06/2011. The diagnoses include abdominal pain, status post gunshot wound, and post-traumatic stress disorder. Treatments have included Tramadol ER 150mg, Omeprazole 20mg, and laparoscopic ventral hernia repair on 10/03/2014. The progress report dated 01/05/2015 indicates that the injured worker had continued mild abdominal pain. She was status post an abdominal hernia repair on 07/23/2013, 10/24/2013, and 10/03/2014. The injured worker denied changes in her bowel movements or oozing. She felt tenderness in her mid-abdomen near the umbilicus. She rated her pain 4 out of 10. The objective findings included mild tenderness to palpation of the abdomen. It was noted that there were no side effects from the medications, and no abnormal behavior. The treating provider requested Tramadol Extended-Release (ER) 150mg #30. The rationale for the request was not indicated. On 01/16/2015, Utilization Review (UR) denied the request for Tramadol ER 150mg #30, noting that there was limited documentation of functional improvement. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, on going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. 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. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psycho-social 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 recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol ER 150mg #30 is not medically necessary.