MAXIMUS Federal Services

Case Number:	CM15-0028163		
Date Assigned:	02/20/2015	Date of Injury:	07/10/2009
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on July 10, 2009. She has reported pelvic pain, back pain and urinary dysfunction. The diagnoses have included pelvic fracture, chronic pain syndrome, lumbosacral neuritis, lumbago, and urinary problems. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulation unit, pelvic surgeries, and imaging studies. A progress note dated January 5, 2015 indicates a chief complaint of continued pelvic pain, lower back pain, urinary incontinence, and sexual dysfunction. Physical examination showed a mildly antalgic gait, decreased range of motion throughout the hips, moderate tenderness to palpation of the sacroiliac joints, mild tenderness of the pubis and bilateral hips, Decreased range of motion of the lumbar spine secondary to pain, moderate tenderness to palpation of the sacral spine with spasms, decreased motor strength of the hip girdle muscles of the legs secondary to pain, and decreased sensation of the left leg. The treating physician is requesting a prescription for Tramadol 50 mg x 180 with one refill. On January 15, 2015 Utilization Review partially certified the request for a prescription for Tramadol with an adjustment to a quantity of 45 and no refills citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 13, 2015, the injured worker submitted an application for IMR of a request for a prescription for Tramadol 50 mg x 180 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient appears to have a history of opioid prescriptions for over a year, along with a possible history of non-compliance based on drug screening per the submitted reports. The most recent records do not document any evidence of objective or functional improvement. It appears that weaning recommendations have previously been made and the modification by the most recent utilization review from tramadol 50 mg #180 with 1 refill to tramadol 50 mg #45 with no refills was reasonable based on weaning recommendations supported by the MTUS. Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury (July 10, 2009), consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up, specifically with plans toward working to decrease opioid dependency. Consideration of other pain treatment modalities and adjuvants is also recommended. While a weaning protocol is clearly in order, there needs to be specific evidence of a plan in place to successfully wean the patient, and without such a plan, the quantity of tramadol initially requested is not considered in the opinion of this reviewer to be medically necessary and appropriate.