MAXIMUS Federal Services

Case Number:	CM15-0094365		
Date Assigned:	05/20/2015	Date of Injury:	01/09/2011
Decision Date:	06/24/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/15/2015

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 is a 58 year old male who sustained an industrial injury on 01/02/2011. He complained of upper and lower back issues. The injured worker was noted not to be working. On provider visit dated 03/30/2015 the injured worker has reported constant pain in the left paralumbar region that radiates into the left hip and down the lateral aspect of the left lower extremity at the foot. He reported tingling sensation to the left lower extremity. Pain was rated at 9/10 on the pain scale. Upper back was noted as having a pain that radiates to left shoulder. A burning pain to the left upper extremity was noted, with a 9/10 on the pain scale. On examination gait was noted as antalgic and uses a single point cane. Decreased range of motion was noted on all planes. Tenderness was noted to palpation over paraspinous muscles. Spasms over the lumbar spine and positive straight leg rise on the left. Tenderness was also noted over the left L4-L5, L5-S1 facet joints and positive joints and positive facet loading on left. The diagnoses have included thoracic spine pain, thoracic and lumbar compression fractures T11-12 and L1. Lumbar facet hypertrophy L4-L5 and L5-S1 and lumbar degenerative disc disease. Treatment to date has included acupuncture and medication: Ultracet, Temazepam, Relafen and Flexeril. The provider requested Tramadol/APAP 37.5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Tramadol Page(s): 179, 113.

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. 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 his medication. There is no clear justification for the need to continue the use of Ultracet. Therefore, the prescription of Tramadol/APAP 37.5/325mg #120 is not medically necessary at this time.