

Case Number:	CM13-0063705		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2011
Decision Date:	03/20/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 31-year-old male with a 5/25/11 date of injury. There is documentation of subjective (8/10 left ankle pain radiating to the left lower extremity with numbness, tingling and spasms) and objective (limited range of motion of the left ankle due to pain and stiffness) findings, current diagnoses (left ankle fracture status post open reduction and internal fixation on 7/12/11 with continued pain, and internal derangement of the left knee), and treatment to date (Tramadol (since at least 8/14/12), Naproxen, and Gabapentin). Report indicates functional improvement with Tramadol.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, the Chronic Pain Medical Treatment Guidelines state that there must be documentation of moderate to severe pain for Tramadol to be used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of left ankle fracture status post open reduction and internal fixation with continued pain, and internal derangement of the left knee. In addition, there is documentation of moderate to severe pain and Tramadol used as a second-line treatment (in combination with Naproxen and Gabapentin). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the requested Tramadol ER 150mg #30 is not medically necessary at this time.

Tramadol ER 150mg #30 provided on 11/15/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, the Chronic Pain Medical Treatment Guidelines state that there must be documentation of moderate to severe pain for Tramadol to be used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of left ankle fracture status post open reduction and internal fixation with continued pain, and internal derangement of the left knee. In addition, there is documentation of moderate to severe pain and Tramadol used as a second-line treatment (in combination with Naproxen and Gabapentin). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the Tramadol ER 150mg #30 provided on 11/15/2013 was not medically necessary.