

Case Number:	CM14-0169216		
Date Assigned:	10/17/2014	Date of Injury:	02/16/2014
Decision Date:	12/26/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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. The Expert Reviewer Is Board Certified In Physical Medicine And Rehabilitation, Has A Subspecialty In Pain 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 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/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 is a patient with a date of injury of February 16, 2014. A utilization review determination dated September 29, 2014 recommends noncertification of tramadol. A progress report dated April 16, 2014 identifies subjective complaints of right ankle pain. Physical examination contains only vital signs. Current medications are listed as Voltaren. Diagnosis is sprain/strain of the right ankle. A progress report dated August 14, 2014 identifies subjective complaints including right hip pain, right knee pain, right ankle/foot pain, and feelings of depression and frustration due to overall symptomatology and concerns about financial status. The patient has undergone treatment including x-rays, physical therapy, MRI, and medication. The patient states that he is unable to walk outdoors on flat ground, climb up one flight of stairs, right from a chair, run errands, and perform light housework due to his current complaints. Physical examination findings reveal restricted range of motion in the right knee and right ankle with positive orthopedic tests. Diagnoses include right ankle sprain, right ankle severe ligament tears, and right knee strain rule out meniscus tear and ligament tear. The treatment plan recommends an MRI of the patient's knee and starting treatment with tramadol and topical medications for the knee and ankle. A urine toxicology test was requested and a pain management agreement was discussed. A urine drug screen performed on August 14, 2014 is negative and consistent. A progress report dated September 8, 2014 identifies ongoing pain which is unchanged from the previous visit. The note then goes on to state "pain is made better with medication." The treatment plan recommends continuing tramadol, obtaining a urine toxicology screen, consultation for the foot and ankle, and MRI of the ankle. A progress report dated October 6, 2014 identifies ongoing pain rated as 8/10. The note states that the old tram brings his pain down from a 10 to a 5. The note indicates that there is no sign of drug dependency or addiction and that a urine drug screen is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50 MG #90, 1-2 Tabs by Mouth Every 6-8 Hours As Needed for Pain:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009), Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is conflicting information as to whether the medications providing any analgesic efficacy. In the September 2014 note, it appears the patient's pain is unchanged. However, further down the note, there is a statement indicating that the medication is helping. Additionally, there is no documentation of any objective functional improvement as a result of the tramadol prescription. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the request for Ultram (tramadol), is not medically necessary.