

Case Number:	CM14-0174774		
Date Assigned:	10/28/2014	Date of Injury:	11/18/2011
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 53-year-old male with complaints of right shoulder and left knee pain. The date of injury is 12/31/11 and the mechanism of injury was not documented. At the time of request for tramadol ER 150mg #60, there is subjective (neck, back, right shoulder, right hand, and knee pain; 3/10 with medications and 9/10 without) and objective (positive impingement sign, tenderness of the right acromioclavicular joint, and significant tenderness at the right AC joint in right shoulder; pain at the extreme levels of extension, positive McMurray's sign, and tenderness of the medial joint line in left knee) findings, imaging/other findings (Left knee MRI arthrogram dated 7/24/13 showed medial meniscus tear with free fragment and absence of the posterior horn of the medial meniscus. Shoulder MRI revealed positive impingement signs. UDS dated 7/28/14 positive for opioids and 8/22/14 positive for hydrocodone. Completed opioid risk tool on 7/1/14 and scored 1 indicating low risk. Signed opioid agreement), current medications (Norco with pain relief, tramadol ER, Anaprox, Prilosec and Terocin), diagnoses (left knee pain- medial meniscus tear with free fragment, right shoulder pain, and paresthesias in left hand), and treatment to date (failed PT, NSAIDs and opioids; on Norco since at least 5/19/14 to 8/27/14. He was started on tramadol ER on 8/27/14). According to the CA MTUS Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "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 guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has

improved functioning and pain. The request for tramadol ER 150 mg #60 was denied on 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 113, 74-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic), Tramadol

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "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)." Documentation is consistent with appropriate surveillance and documentation of analgesic efficacy and improved function. Therefore, the medical necessity of Tramadol has been established. The request is medically necessary.