

Case Number:	CM14-0020270		
Date Assigned:	04/25/2014	Date of Injury:	05/08/2007
Decision Date:	07/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 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:

The patient has submitted a claim for left knee pain associated with an industrial injury date of 5/8/2007. Treatment to date has included, hot modalities and TENS unit for pain, right shoulder surgery on 9/19/2013, intake of medications namely, Trazodone 50mg, Wellbutrin, Prilosec 20 mg, Tramadol ER 150 mg, Terocin lotion 4 ounces and Flexeril 7.5 mg which were prescribed since at least 05/14/2013. Medical records from 2013 were reviewed which revealed left knee pain on a daily basis with a pain scale of 7-8/10. When it happens, it creates a shooting pain, which is at 8-9/10. Chronic pain affects his activities of daily living including pain when walking greater than 20 yards and an increased pain with standing greater than 10 minutes. He also has difficulty with changing positions from sitting and standing. He can lift about 40 lbs. Pain wakes him up at night resulting in insomnia. Physical examination showed left knee extension at 170 degrees and flexion at 100 degrees with crepitation. Tenderness was present along the medial and lateral joint line. Anterior drawer test is positive. McMurray's test is positive medially and negative laterally. Electromyogram (EMG) studies done on 10/23/13 showed electrodiagnostic evidence of left L5 to S1 radiculitis and electrodiagnostic evidence of lower extremity peripheral neuropathy. Utilization review from 02/04/2014 denied the request for prospective prescription of Tramadol ER 150 mg because it will defeat the purpose of a return office visit to assess the patient's subjective complaints coupled with objective findings to discern the best treatment for the patient.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM); Occupational Medicine Practice Guidelines Plus, APG I Plus, 2010, Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75.

Decision rationale: As stated on page 75 of CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting analgesic effective in managing neuropathic pain. Page 94 further states that tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with selective serotonin re-uptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and tricyclic antidepressants (TCAs) that may impair serotonin metabolism. In this case, patient has been using this medication since at least 05/14/2013 and there was no documented functional response or pain scale improvement noted with its. Moreover, patient is likewise being given trazodone, a tricyclic antidepressant. There is no discussion regarding the need for variance from the guidelines since the two aforementioned drugs should not be used in conjunction. The guidelines do not support the requested medication in this case. Therefore, the request for Tramadol ER 150 mg # 30 is not medically necessary.