

Case Number:	CM14-0021588		
Date Assigned:	05/05/2014	Date of Injury:	10/15/2012
Decision Date:	07/09/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/20/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 54 year old female who injured her left foot, left knee, and left hip on 10/15/12, causing chronic pain in these areas since. Initially she was treated with chiropractor manipulations, physical therapy, and oral NSAIDs. On 2/13/13, she was seen by her treating physician, diagnosed with chronic left knee/hip sprain, chronic low back pain, and left inguinal pain (hip pain), and was then started on Tramadol 50 mg once at night, amitriptyline 25-50 mg once at night, and Voltaren gel 4 grams four times per day to her left knee and was asked to return in two weeks for reassessment. She was not continued on oral NSAIDs on the account of her having hypertension while on it. On 2/25/13, the worker was seen again by her physician complaining of left knee, ankle, hip, and buttock pain which was worse since doing physical therapy, and reported that she was tolerating the medications, but was not working at the time, but was suggested to be on modified duty at that time. On 3/21/13 she was seen again by her treating physician reporting continual left hip/knee/ankle/buttock pain as well as lower back pain, and regardless of the medication use (including Tramadol and amitriptyline), the pain remained and sleeping was still difficult. Regardless of any reported benefit of these medications they were continued. Later, on 1/30/14, she was again seen by her treating physician reported continual pain in her left hip/knee/ankle areas and wasn't working even while taking the Tramadol. She was suggested to continue the Tramadol and amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TRAMADOL 50MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there have to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening, review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines suggest that dosing of opioids should not exceed 120 mg or oral morphine equivalents per day and only with a pain specialist would exceed this amount to be considered. The continuation of opioids may be suggested when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, the Tramadol use didn't seem to provide any significant relief of her pain and didn't seem to improve her overall function as documented in the notes. No evidence from the notes would suggest she may have gained some benefit as it wasn't documented. Furthermore, more than one medication was started at once when the Tramadol was first used, making it difficult to measure effectiveness of specifically the Tramadol in this situation. The continuation of this medication, if not effective is not suggested and a wean to lower doses or stopping its use is suggested here, unless clear documentation is provided as evidence for clear measurable functional improvement and pain relief from the Tramadol use as prescribed. Therefore the Tramadol 50 mg, #120 is not medically necessary.