

Case Number:	CM14-0035350		
Date Assigned:	06/23/2014	Date of Injury:	04/01/2011
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 50 year old man who sustained a work related injury on April 1 2011. Subsequently, she developed a chronic right knee and ankle pain as well as neck and back pain. The patient was treated with extracorporeal shockwave procedure with some benefit. Her physical examination and MRI's demonstrated left knee meniscal tear, linear mucoid degeneration of the right knee and disc protrusion on MRI of the lumbar spine on August 17 2012. The patient was diagnosed with lumbar radiculopathy, right leg causalgia, left knee meniscal tear and right knee derangement. The provider requested authorization for Tramadol/L-Carnitine.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Tramadol/L-Carnitine 40/125 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 47, 78, 93-94, 113 Page(s): 47, 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Tramadol page(s) 113 Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules. These rules include prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, the lowest possible dose should be prescribed to improve pain and function, and an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Although, Ultram may be needed to help with the patient pain there is no clear documentation of the efficacy/safety of previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with her medications. There no documentation of functional improvement with previous Tramadol use. Therefore, the prescription of 90 tablets of Tramadol/L-Carnitine 40/125 mg is not medically necessary.