

Case Number:	CM14-0050117		
Date Assigned:	07/07/2014	Date of Injury:	11/14/2011
Decision Date:	10/09/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/17/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 53 year old female who reported injury on 11/14/2011. The mechanism of injury was not provided. Diagnoses included pain in joint, ankle foot, and sprain of ankle. The past treatments included physical therapy. A urine drug screening was collected 05/06/2014, and preliminary results were noted as negative for all entities, and consistent as the injured worker reported not taking tramadol for 4 days. A DEA cures report was run 05/06/2014, which showed the injured worker was only receiving opioids from one provider. The progress note dated 05/06/2014, noted the injured worker complained of increased left ankle pain, rated 2.5-3/10, which she attributed to not taking her tramadol regularly. She stated she lost her card for her pharmacy, and that she had been using left over Ultracet (tramadol and acetaminophen), but was nearly out of her supply. She stated that she had not taken tramadol in four days and requested a refill. She also reported 4/10 hip pain that is relieved by 50% when taking her tramadol, and that she takes 1-3 tablets per day depending on her pain level. It is stated the injured worker is able to perform her home exercise program and exercise regularly, and she continued to walk and go to yoga. The physical exam revealed the injured worker to be ambulating without assistance, she was alert and oriented, with normal speech, insight, judgment and emotion. Medications included tramadol 37.5/325mg 1 every 8 hours as needed for pain #90, Aleve as needed, Aspirin, ibuprofen as needed, and Imitrex 50mg as needed. The treatment plan requested to switch from tramadol 37.5/325mg 1 every 8 hours as needed for pain #90, to tramadol 50mg 1 twice daily as needed for pain #60, and stated the use of tramadol improved the injure worker's function as she was able to walk further and perform her home exercise program without pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for tramadol 37.5/325mg #90 is not medically necessary. The injured worker had left ankle pain, rated 2.5-3/10, and hip pain rated 4/10. Her pain was noted to be improved by 50% with the use of tramadol. She was noted to have improved function, with tramadol, as she was able to walk further and perform her home exercise program without pain. The urine drug screening was reported to be negative for all entities, and consistent as the injured worker reported not taking tramadol for 4 days. The California MTUS guidelines recommend opioids, including tramadol, as second-line treatment of moderate to moderately severe pain, and for long term management of chronic pain only when pain and functional improvements are documented. Pain should be assessed at each visit, and functioning should be measured using a numerical scale or validated instrument. Adverse side effects, and aberrant drug taking behaviors should also be assessed. There was documented improvement of pain and function with the use of tramadol. Aberrant behavior was assessed. The medication frequency was not provided to determine medical necessity. Furthermore, the treatment plan requested to discontinue tramadol 37.5/325mg 1 every 8 hours as needed for pain #90, and switch to tramadol 50mg 1 twice daily as needed for pain #60; therefore, the need for tramadol 37.5/325mg is not demonstrated given the recommended change in the injured worker's medication regimen. Given the previous, the use of tramadol 37.5/325mg #90 is not indicated at this time. Therefore, the request is not medically necessary.