

Case Number:	CM14-0050669		
Date Assigned:	06/23/2014	Date of Injury:	09/10/1998
Decision Date:	07/23/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/22/2014

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 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 claimant injured his knee on 09/10/98. Tramadol, a functional restoration program, and a functional capacity evaluation are under review. The claimant was receiving continued treatment for low back and right knee pain. His pain is constant and rated at 5/10 level. He has anxiety and sleep difficulties with depression and suicidal ideation. His pain was aggravated by most activities including cold and weather changes. Pain was helped with heat, massage, and relaxation. He had palpable trigger points in the low back and a positive straight leg raise test on the right side. He had limited range of motion of the hips and knees. McMurray's tested positive at the bilateral knees. He had decreased strength in the lower extremities. He was diagnosed with an anterior cruciate tear. He has had at least 3 surgical procedures for the right knee and extensive physical therapy. He has taken multiple medications. A functional restoration program, function capacity evaluation and tramadol were all recommended. The claimant has been using tramadol ER since at least 2010. Recommendations to wean were made in December 2013 but he had not initiated weaning. On 11/08/13, ██████████ stated that additional surgery may be indicated for the ACL. The claimant seemed to be interested. He saw ██████████ on 01/06/14. His pain interfered with his activities of daily living. He had tenderness of both knees and decreased range of motion with trigger points. He was wearing a brace on the left knee and ankle. He was prescribed tramadol. He had tried NSAIDs and Tylenol and had failed Lyrica, also. He did not tolerate muscle relaxants. On 01/16/14, he saw ██████████ again. He was irritable with withdrawal, stress, and depression. An MRI of the knee was ordered. On 02/24/14, he was prescribed a functional capacity evaluation, an interdisciplinary evaluation to see if he was a candidate for functional restoration program, a psychiatric consultation, and tramadol. FCE was to be baseline testing as part of the functional restoration program initial evaluation. On 02/18/14, he had an orthopedic QME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg#1 (DOS: 02/24/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, p. 145 Page(s): 145. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of Tramadol 150 mg #1. The CA MTUS p. 145 state "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. There is no indication that the claimant has tried other medications such as acetaminophen, antidepressants, or other antineuropathic medications, such as gabapentin, for his pain. The expected benefit or indications for the use of this medication have not been stated. Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) The medical documentation provided does not establish the need for long-term/chronic usage of Tramadol, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of benefit to the claimant, including functional improvement. In this case, the claimant's patterns of use of this medication, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Tramadol 150 mg #1 is not medically necessary.

Functional Restoration Program Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program, page 82 Page(s): 82.

Decision rationale: In this case, the claimant has chronic pain and also has anxiety and depression that may be addressed with this type of program. It appears reasonable for him to be evaluated for the program to try to establish a reasonable treatment plan. In addition, one of the goals may be to help him to wean the Tramadol. This request for an evaluation for this type of program is reasonable and is therefore medically necessary and appropriate.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for performing Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, FCE Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The history and documentation do not objectively support the request for an FCE at this time. The claimant does not appear to be a reasonable candidate at that time for an FCE based on the ODG criteria. In this case, until the claimant's medications have been maximized and his anxiety and depression are also managed appropriately, the results of an FCE may not be reliable at this time, to help construct a functional restoration program. The medical necessity of this request has not been demonstrated and is therefore not medically necessary and appropriate.