

Case Number:	CM14-0077128		
Date Assigned:	07/18/2014	Date of Injury:	03/27/2013
Decision Date:	09/18/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 Illinois. 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 57-year-old female who reported an injury on 03/27/2013. The mechanism of injury was repetitive sanding and walking. She is diagnosed with right knee osteoarthritis. Her past treatments were noted to include physical therapy, right knee surgery, activity modification, cortisone injections, home exercises, and medications. On 04/21/2014, the injured worker was seen regarding the pain in her bilateral knees and low back. It was noted that her Tramadol ER 150 mg was causing significant day time drowsiness. Therefore, this medication was discontinued and she was started on short-acting tramadol 50 mg to be taken daily as needed. On 06/13/2014, the injured worker was seen for follow-up and rated her pain 6/10. Her medications were noted to include Pantoprazole 20 mg, Tramadol 50 mg, Conzip 100 mg, and Ibuprofen 600 mg. A request was received for retrospective Tramadol ER 150 mg per day QTY: 1. However, the request for authorization form was not submitted. In addition, a clear rationale for this request, including the retrospective date was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Tramadol ER 150mg a day Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Specific Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, Criteria for Use, On-going Management Page(s): 74-75, 78.

Decision rationale: According to the California MTUS Guidelines, long-acting opioid medications may be recommended when around-the-clock analgesia is required. In addition, the guidelines state that the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker was previously taking tramadol ER 150 mg; however, this medication was discontinued due to significant adverse effects. In the absence of a request for authorization form or clear documentation indicating the retrospective date the tramadol is being requested, medical necessity cannot be established for that time. In addition, there was a lack of documentation showing that the injured worker had tried and failed and appropriate course of short-acting opioid medications and other first-line treatments prior to her use of long-acting tramadol ER. In the absence of this documentation, the medical necessity for the extended release opioid medication cannot be established. In addition, clarification is needed regarding the requested quantity of 1. In summary, in the absence of further documentation regarding the requesting including the retrospective date, first-line treatments, and short-acting opioid medications tried and failed prior to use, and clarification regarding the quantity being requested, the request is not supported. As such, Retrospective: Tramadol ER 150mg is not medically necessary.