

Case Number:	CM14-0093214		
Date Assigned:	07/25/2014	Date of Injury:	07/26/2010
Decision Date:	10/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/19/2014

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 patient is a 61-year-old male who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc and right knee musculoligamentous injury status post-surgery associated with an industrial injury date of July 26, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of intermittent pain in his right knee rated 6 without medication and 4 with medication. He states that medications help reduce his pain and enable him to perform his activities of daily living. Examination of the lumbar spine revealed tenderness of the spinous processes. Examination of the right knee revealed tenderness over the medial peripatellar aspect and pain was increased with extension. Treatment to date has included medications, surgery and physical therapy. Utilization review from May 20, 2014 denied the request for Tramadol 50mg #60 because there is no documentation of trials and failure of or intolerance to other more commonly used first line drug.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 as requested on 05/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol) (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78-81.

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed Tramadol and the medication allegedly helps the patient in terms of pain reduction and improvement in activities of daily living. However, there was only one progress note dated prior to the request. The patient's status prior to this, including the start date of Tramadol use, is unknown. There is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects are not known. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Tramadol 50mg #60 is not medically necessary.