

Case Number:	CM13-0048673		
Date Assigned:	12/27/2013	Date of Injury:	05/13/1984
Decision Date:	12/04/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 5-13-84. Medical records indicate that the injured worker is undergoing treatment for bilateral knee osteoarthritis, meniscal tears, lumbar disc degeneration and lumbar spondylosis. The injured worker is currently retired. On (9-17-13 and 7-16-13) the injured worker complained of bilateral knee pain with popping and grinding, right greater than the left and low back pain. The injured worker noted that he was taking Norco which controlled his pain and allowed him to be more active. Pain levels were not provided. Examination of the bilateral knees revealed tenderness to palpation at the medial and lateral joint lines. Range of motion was decreased. Lumbar spine examination revealed bilateral muscle guarding. A straight leg raise test was negative bilaterally. The referenced progress notes were handwritten and difficult to decipher. Documented treatment and evaluation to date has included medications, a home exercise program and right knee surgery. Current medications include Tramadol (since at least January of 2013), Ativan and omeprazole. The current treatment request is for Tramadol HCL 50 mg #120. The Utilization Review documentation dated 10-22-13 modified the request to Tramadol 50mg # 78 (original request #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, pain treatment agreement.

Decision rationale: Review indicates the request for Tramadol was modified to #78 for weaning purposes. Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of Tramadol prescribed since at least 2009 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1984 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol HCL 50 MG, #120 is not medically necessary and appropriate.