

Case Number:	CM14-0186417		
Date Assigned:	11/14/2014	Date of Injury:	06/03/2013
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 44 year old female with an injury date on 06/03/2013. Based on the 09/09/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. Knee arthropathy, 2. ACL tear, 3. Shoulder arthropathy. According to this report, the patient presents with pain in the right shoulder that is "feeling better, but still has pain and arm feel tired." The Patient also complains of left knee pain that "feels swollen when walks." Exam findings were not included in this report for review. The 08/06/2014 report indicates patient's right hand pain is a 6/10 that is constant. Right shoulder 6/10, pain radiates down to arm." Physical exam reveals shoulder abduction is 100 degrees and flexion is 120 degrees. There were no other significant findings noted on this report. The utilization review denied the request on 10/27/2014. The requesting provider provided treatment reports from 07/15/2014 to 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL cap 150mg ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 60,61;88,89;76-78.

Decision rationale: According to the 09/09/2014 report, this patient presents with pain in the right shoulder and left knee. The treater is requesting Tramadol HCL cap 150mg ER but the treating physician's report and request for authorization containing the request is not included in the file. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show no mentions of Tramadol ER and it is unknown exactly when the patient initially started taking this medication. Pain is rated at a 6/10. In this case, reports show documentation of pain assessment but no before and after analgesia is provided. Other than these, the documentation provided lacks any information regarding ADL's, side effects, other opiates management issues such as UDS and CURES, and behavioral issues. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Change in work status, or return to work attributed to use of Tramadol were not discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.