

Case Number:	CM14-0187321		
Date Assigned:	11/17/2014	Date of Injury:	05/09/2009
Decision Date:	01/06/2015	UR Denial Date:	10/25/2014
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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 9, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; sleep aids; psychotropic medications; knee surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 25, 2014, the claims administrator modified a request for extended-release tramadol as standard tramadol. The claims administrator stated that there was "no indication" to use the extended release variant of tramadol. The claims administrator stated that its decision was based on an October 20, 2014 Request for Authorization (RFA) form. The applicant's attorney subsequently appealed. In an August 5, 2014 medical-legal evaluation, it was acknowledged that the applicant had last worked in October 2012. The applicant was using Norco, Neurontin, and Desyrel, it was acknowledged. Persistent complaints of pain averaging 8/10 were appreciated, interfering with the applicant's ability to travel, engage in social activities, and concentrate. In a February 24, 2014 progress note, it was acknowledged that the applicant was off of work. The applicant was given prescriptions of Norco, Protonix, and Desyrel. The applicant was placed off of work, on total temporary disability. On June 27, 2014, it was again noted that the applicant was not working. The applicant was using Norco as a primary analgesic at this point in time, it was stated, and Desyrel for depression and sleep disturbance. MR arthrography of the shoulder was sought. On October 6, 2014, the applicant was again placed off of work. The applicant had lost a significant amount of weight, it was incidentally noted. A shoulder corticosteroid injection was endorsed. Tramadol extended release and Lunesta were endorsed. Laboratory testing was also sought. The

attending provider stated that introduction of tramadol extended release could theoretically diminish the applicant's dependence on short-acting Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol topic Tramadol section Page(s): 113 94.

Decision rationale: While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol is not recommended as a first-line oral analgesic, in this case, however, the requesting provider has seemingly posited that the applicant has tried, failed, and/or achieved incomplete analgesia with multiple analgesic and adjuvant medications including Norco, Desyrel, Flexeril, etc. Introduction of tramadol extended release, thus, was indicated on and around the date in question. While page 94 of the MTUS Chronic Pain Medical Treatment Guidelines suggests an introductory dose of tramadol extended release 100 mg once daily in applicants not currently on immediate-release tramadol, in this case, however, the applicant is not an opioid-naive individual. The applicant has a lengthy history of Norco usage. Introduction of tramadol extended release at the 150 mg dosage as suggested by the attending provider, thus, was likely indicated here. Therefore, the request was medically necessary.