

Case Number:	CM14-0191810		
Date Assigned:	11/25/2014	Date of Injury:	04/07/2010
Decision Date:	01/12/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal 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 an injured worker with a history of lower extremity injury. Date of injury was 04/07/10. The primary treating physician report dated 10/08/14 documented that the patient reported that his leg is healing. The patient has persistent right ankle and foot pain. The patient's primary area of pain remains to be his anterior mid shin region and the lateral aspect of his right ankle. He is taking Elavil and feels that it continues to help reduce his chronic pain and helps him sleep better at night. He takes Tramadol ER 150 mg twice a day and it reduces his pain and allows him to be more functional. He is able to walk longer periods of time and stay on his feet longer when he takes Tramadol. He can stand and walk for longer periods and go shopping with less pain after taking Tramadol. His leg and ankle pain comes down from 5-6/10 down to 0-1/10 for about 6-7 hours at a time. He denies side effects. He is taking aspirin 81 mg daily. Physical examination was documented. The patient is in no acute distress. He is alert and oriented Blood pressure was 150/92. There is an ulcer in the lateral leg with no discharge or sign of infection. There is persistence of venous insufficiency skin and deep tissue changes with tissue defect, primarily the anteromedial aspect of the shin. The overlying skin in this region is quite sensitive to touch. There is tenderness to palpation over the anterolateral and anteromedial aspect of the right shin. There is tenderness to palpation primary lateral aspect of the right ankle. There is pain upon ankle dorsiflexion, inversion and eversion. There are varicosities in the right lower leg and dorsum of the right foot. Dorsalis pedis pulses are 2+ bilaterally. The hyperpigmentation in his right leg remains unchanged. Altered gait and resultant lateral ankle pain was noted. Right leg ulceration has improved appearance with no sign of infection, but it is not healed completely. Diagnoses and medical history included right lower leg injury at work on 04/07/10, deep venous thrombosis in the right lower leg on 05/14/10, right leg DVT deep venous thrombosis September 2011, chronic venostasis changes with venous stasis disorder causing chronic pain, insomnia,

right lower extremity pain, NSAID gastropathy, and hypertension. He is taking aspirin 81 mg a day. The patient should not take any other NSAIDs, due to his NSAID induced gastropathy. The patient's blood pressure is elevated. The patient is currently taking Tramadol ER 150 mg twice daily and on this regimen he reports almost no pain for approximately 6-7 hours at a time. While taking this medication he is able to be more functional and he can walk longer periods of time and do some home chores with more ease. Tramadol was refilled.

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 Opioids, Long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Opioids NSAIDS Page(s): 74-96 93-94, 113 and 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, or diuretics. The primary treating physician report dated 10/08/14 documented that the patient benefits from Tramadol ER 150 mg twice a day, which reduces his pain and allows him to be more functional. He is able to walk longer periods of time and stay on his feet longer when he takes tramadol. He can stand and walk for longer periods and go shopping with less pain after taking Tramadol. His leg and ankle pain comes down from 5-6/10 down to 0-1/10 for about 6-7 hours at a time. He denies side effects. The patient's blood pressure is elevated. Blood pressure was 150/92. He is taking aspirin 81 mg daily. Medical history included NSAID induced gastropathy and hypertension. The patient is currently taking Tramadol ER 150 mg twice daily and on this regimen he reports almost no pain for approximately 6-7 hours at a time. While taking this medication he is able to be more functional and he can walk longer periods of time and do some home chores with more ease. The patient has hypertension and elevated blood pressure. MTUS warns against NSAID use in patients with hypertension. Medical history included NSAID induced gastropathy. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. NSAID use

is not recommended, and pain medication options are limited. Analgesia with Tramadol was documented. Activities of daily living were improved with Tramadol. No adverse side effects with Tramadol were noted. Per MTUS, Tramadol (Ultram) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Tramadol ER 150mg# 60 is medically necessary.