

Case Number:	CM14-0192752		
Date Assigned:	11/26/2014	Date of Injury:	07/27/2013
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 23 year old injured worker with date of injury of 07/27/2013. Medical records indicate the injured worker is undergoing treatment for contusion of knee and lower leg, pain in joint of ankle and foot, cellulitis and abscess of leg, except foot, sprain and strain of unspecified site of knee and leg, sprain and stain of sacroiliac region, superficial injury of other, multiple and unspecified of ankle and foot, contusion of knee, lumbar sprain and strain. Subjective complaints include right knee, left ankle and lumbar pain rated at 8/10, described as constant and worsening and pain is worse with activities. Objective findings include antalgic gait, decreased range of motion (ROM) and tenderness over the paraspinals, sitting straight leg raise positive on the right; left ankle decreased ROM, 1+ swelling over lateral aspect of the ankle; right knee decreased range of motion, tenderness to the medial and lateral joint line, positive Valgus, Varus and McMurray's sign. Electromyography/Nerve Conduction Study (EMG/NCS) of left lower extremity on 05/05/2014 was normal. Magnetic resonance imaging (MRI) lumbar spine on 07/08/2014 revealed 2mm right paracentral disc protrusion at L4-5, congenital short pedicles, a synovial cyst present at L4-5 but does not appear to be associated with nerve root impingement, L5-S2 is a 3mm right paracentral disc protrusion which does have foraminal extension and short pedicles, some mild right neural foraminal stenosis and mild canal stenosis no specific nerve root impingement. MRI of right knee 07/08/2014 revealed large osteochondral defect in the medial femoral condyle with some edema. MRI of left ankle on 07/08/2014 showed poor visualization of the ATEL, which is consistent with previous tear. Treatment has consisted of Norco, Peri-Colace, Tylenol and Ultram. The utilization review determination was rendered on 11/13/2014 recommending non-certification of Ultram (Tramadol) 50mg, QTY 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 50mg, QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Workers Compensation Drug Formulary, www.odg-twc/formulary.hlm.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Ultram is the brand name version of Tramadol, which is classified as central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/Acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for Ultram (Tramadol) 50mg, QTY 120 is not medically necessary.