

Case Number:	CM14-0192777		
Date Assigned:	11/26/2014	Date of Injury:	01/02/2013
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
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 40 year old patient with date of injury of 01/02/2013. Medical records indicate the patient is undergoing treatment for bilateral knee pain. Subjective complaints include right knee pain rated 9/10, left knee pain 6/10, pain is reduced to 2-3/10 with medication. Objective findings include normal gait, full range of motion, cracking and clicking sensation on palpation with tenderness on the medial joint line and inferior pole of the patella, slight stiffness of left knee at medial joint line, patellofemoral grind test is positive on the right. MRI of left knee on 02/08/2013 was normal. MRI of right knee on 01/10/2013 showed a small medial meniscus tear of the posterior aspect and chronic MCL sprain. Treatment has consisted of imaging, Ibuprofen, Tramadol and Voltaren gel. The utilization review determination was rendered on 11/18/2014 recommending non-certification of Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complains, Tramadol (Ultram), Criteria for Use of Opioids.

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 patient 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 treating physician does not document functional improvement with the use of this medication. As such, the request for Tramadol 50mg #60 is not medically necessary.