

Case Number:	CM14-0198024		
Date Assigned:	12/08/2014	Date of Injury:	06/24/2003
Decision Date:	01/22/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice 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:

This is a 74 years old male patient who sustained an injury on 6/24/2003. He sustained the injury due to fall from 18 feet. The current diagnoses include failed back syndrome, depressive disorder, bursitis of hip, limp pain/joint pain and cervical and lumbar intervertebral disc disorder. Per the doctor's note dated 11/12/2014, he had complaints of back pain with radiation to bilateral great toes, neck and arm pain, hip pain left greater than right, left knee and ankle pain. The physical examination revealed limited rotation of the neck, back- flexed in position, pain and limited range of motion, limp on the left side, absent DTRs in the left lower extremity and 1+ at right ankle and knee; limited hip range of motion, mild pain, swelling over the left knee and ankle; decreased sensation in bilateral L5 dermatomes, weak ankle dorsiflexors and evertors. The medications list includes Butrans, Nexium, Tramadol, voltaren patch, flector patch, celebrex, Amlodipine/Benzapril, Sotalol, Plavix, Aspirin and Lidoderm patches. He has had left hip MRI dated 4/21/2009 which revealed mild tendinosis and peritendinitis of common hamstring, rectus femoris and mild gluteus minimus and medius tendinosis with minimal articular margin spurring of inferior femoral head without degenerative joint disease; MRI lumbar spine dated 4/19/2009 which revealed degenerative changes and post L3-4 laminectomy changes; right hip MRI in 5/2009 which revealed mild osteoarthritis; MRI lumbar spine in 8/2012 which revealed interval healing of the L1 compression fracture and multilevel degenerative changes; cervical MRI in 9/2013 which revealed degenerative changes worst at C5-6 on the right. He had undergone laminectomy L3-4, ORIF for tibia/fibula fracture left lower extremity, skin grafting for cellulitis and a trial of intrathecal pain pump with subsequent removal. He has had physical therapy (PT), orthotics, epidural steroid injections (ESIs), trochanteric bursa injections, facet injections and bracing for this injury. He has had a urine drug screen performed in February of 2014 which was consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride 50mg #240 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics; Opioids for neuropathic pain Page(s): 75,82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The need for tramadol on a daily basis with lack of documented improvement in function is not fully established. A request for a smaller quantity for prn use for episodic exacerbations of severe pain would be considered medically appropriate and necessary. However the rationale for a large quantity of tramadol 240 tablets (8 tablets per day) for episodic exacerbations of severe pain is not specified in the records provided. The medical necessity of Tramadol Hydrochloride 50mg #240 with 1 refill, as prescribed, is not fully established for this patient.