

Case Number:	CM14-0207330		
Date Assigned:	12/19/2014	Date of Injury:	07/20/2012
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 44 year old patient with date of injury of 07/20/12. Medical records indicate the patient is undergoing treatment for bilateral chronic ankle sprain/strain with posterior tibia tenosynovitis. Subjective complaints include right knee pain rated 4/10, depression, anxiety and difficulty sleeping. Objective findings include tenderness in medial and lateral joint line spaces; active flexion to 130 degrees and extension to 0; positive McMurray's test, patella grind test. MRI of right knee dated 02/27/2014 revealed grade 2 patellofemoral chondromalacia and tendinosis of the patellar insertion, no evidence of a ligament tear or meniscus tear. MRI of left knee date 02/27/2014 revealed grade 4 patellofemoral chondromalacia, mild tendinosis of the intrapatellar tendon and enchondroma in the medullary space at the distal femur. Treatment has consisted of physical therapy, injections into ankles and Tramadol. The utilization review determination was rendered on 11/26/2014 recommending non-certification of Prospective request for 1 prescription of Tramadol 50mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Tramadol 50mg #60 with 2 refills.: Upheld

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

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

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 original utilization review recommended weaning and modified the request, which is appropriate. The previous reviewer recommended weaning. As such, the request for Prospective request for 1 prescription of Tramadol 50mg #60 with 2 refills is not medically necessary.