

Case Number:	CM14-0208168		
Date Assigned:	12/22/2014	Date of Injury:	01/21/2014
Decision Date:	02/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 53 year old female with a date of injury of 1/21/14. According to progress report 10/21/14, the patient presents with low back and right knee pain. The patient is taking Naproxen 550mg and Tramadol HCL ER 150mg for the relief of her symptoms. The patient reports no side effects and pain is reduced greater than 50% with prescribed medications. Using a VAS, the pain is 9/10 without medication and 3/10 with medications. The patient is to be referred to an orthopedist for possible right knee surgery. Physician examination revealed slight to moderate decreased range of motion of the lower back. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as the gluteal muscles. Sensation to fine touch and pin prick was decreased in the poster aspect of the right thigh as well as around the right knee area. The listed diagnoses are:1. Chronic myofascial pain syndrome2. Mild right L4-5 radiculopathy3. Sprain injury, right knee4. Status post fracture of Left 5th metatarsalThe patient is retired. Treatment plan is for refill of medications Naproxen and Tramadol, the patient was instructed to exercise daily and follow up in 6 weeks. The Utilization review denied the request on 11/13/14. Treatment reports from 5/27/14 through 10/27/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with low back and right knee pain. The current request is for Tramadol HCL ER 150MG #45. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates that this patient has been utilizing Tramadol since at least 5/27/14. According to progress report dated 7/15/14, the patient's pain without medication is a 7-8/10 on a pain scale. The patient was counseled as to the benefits of medications and the potential side-effects. According to progress report dated 9/9/14, the patient reports greater than 50% relief of pain with medications and function is significantly improved and patient is able to perform activities of living more than 50% of the time. It was noted that there is no documented "abuse, diversion, or hoarding" of medications. Urine drug screens are done on a periodic basis to monitor for compliance. On 10/21/14, the patient reported pain as 3/10 with medications and 9/10 without medications. The patient is able to perform activities of daily living more than 50% including, sitting, standing, walking, bathing, cooking, sleeping and socializing. In this case, the treating physician has provided adequate documentation of this medication's efficacy and states that the patient is able to sit, bathe, walk, socialize, etc with medications. Possible adverse side effects were discussed and random urine drug screens have been provided. Given the treating physician has documented the 4 A's as required by MTUS for opiate management, the requested Tramadol IS medically necessary.