

Case Number:	CM14-0209702		
Date Assigned:	12/22/2014	Date of Injury:	11/13/2013
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine 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 male patient with the date of injury of November 13, 2013. A Utilization Review dated November 26, 2014 recommended modification of 1 prescription of Ultram 50mg #180 to 1 prescription of Ultram 50mg #135. A Progress Report dated November 13, 2014 identifies Subjective findings of pain with medication as 4 on a scale of 1 to 10, without medications 6 on a scale of 1 to 10. Objective findings identify global antalgic gait, slowed gait, is assisted by cane. Left knee crepitus is noted with active movement. Tenderness to palpation is noted over the lateral joint line and medial joint line. Pivot shift test is 1+. McMurray's test is positive. Left ankle movements are restricted with plantar flexion limited to 20 degrees limited by pain and dorsiflexion limited to -5 degrees limited by pain. Diagnoses identify foot pain and knee pain. Treatment Plan identifies Ultram 50 mg take 1-2 tablets PO TID PRN for pain QTY: 180.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for Ultram (Tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the current medication regimen decreases pain and increases function and there is a discussion regarding side effects and aberrant use. However, there is no indication that Ultram specifically is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (Tramadol) is not medically necessary.