

Case Number:	CM14-0209835		
Date Assigned:	12/22/2014	Date of Injury:	07/24/2002
Decision Date:	02/12/2015	UR Denial Date:	11/28/2014
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 Internal 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:

The injured worker (IW) is a 69-year-old man with a date of injury of July 24, 2002. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar strain with radiculopathy, status post fusion on April 8, 2005; erectile dysfunction; status post total knee replacement, right knee, on or about June 24, 2008; and left knee strain with secondary right knee pain with left total knee replacement on January 13, 2009. Pursuant to the progress note dated November 17, 2014, the IW had an appointment in May of 2014, but missed the appointment. The IW denies any new injuries since the previous examinations. The IW reports a lot more back pain in the recent weeks. He is not currently on any medications. Examination of the lumbar spine reveals slight spasm, more on the right than left. Straight leg raise test is negative bilaterally. The IW was taking Tramadol as far back as October 26, 2009 in association with Darvocet. Tramadol was continued in May 2010, April 2011 and May 2012. In a November 5, 2013 progress note the injured worker was not taking any medications. In the most recent progress note dated November 17, 2014 the IW was not taking any medications. This primary treating physician is requesting for a new prescription for Tramadol because of relief in the past. However, the IW has not had a therapeutic trial of a non-opiate analgesic such as a non-steroidal anti-inflammatory drug. The current request is for Tramadol 50 mg #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 Tramadol (Ultram) and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 is not medically necessary. A therapeutic trial of opiates should not be employed until the patient has failed the trial of non-opiate analgesics. For additional details see the Official Disability Guidelines and the Chronic Pain Medical Treatment Guidelines. In this case, the injured worker's working diagnoses are lumbar strain with radiculopathy, status post fusion on April 8, 2005; erectile dysfunction due to diagnosis #1; status post total knee replacement, right knee; left knee strain with secondary right knee strain. The injured worker was taking Tramadol as far back as October 26, 2009 in association with Darvocet. Tramadol was continued in May 2010, April 2011 and May 2012. In a November 5, 2013 progress note the injured worker was not taking any medications. In a progress note dated November 17, 2014 the injured worker was not taking in the medications. This request is for an exacerbation and the treating physician is requesting Tramadol because of relief in the past with that drug. However, the injured worker has not had a therapeutic trial of a non-opiate analgesic such as a nonsteroidal anti-inflammatory drug. Consequently, absent a trial with a nonsteroidal anti-inflammatory or non-opiate analgesic, Tramadol 50 mg #60 is not medically necessary.