

Case Number:	CM15-0132927		
Date Assigned:	07/21/2015	Date of Injury:	11/06/2009
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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: New York

Certification(s)/Specialty: Emergency Medicine

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 is a 33 year old female, who sustained an industrial injury on November 6, 2009. She reported back and knee injuries. The injured worker was diagnosed as having lumbar spine disc herniation-radiculopathy and left knee internal derangement with torn meniscus. Diagnostic studies to date have included an MRI of the lumbar spine revealed degenerative changes and minimal levoscoliosis of the lumbar spine. There was a 2 millimeter broad central protrusion with associated annular fissuring at the lumbar 4-5 level. At lumbar 5-sacral 1, there was a 4 millimeter broad central protrusion with associated annular fissuring, fatty endplate degenerative changes on both sides of the left side of the disc space, and mild osteoarthritis of the left facet joint. At lumbar 4-5, there was mild stress related edema in the interspinous ligament. On November 12, 2014, an MRI of the left knee revealed mild subchondral edema in the medial aspect of the left lateral tibial plateau and left patellar tendinosis. On May 1, 2015, x-rays of the left knee were unremarkable. On March 19, 2015, a urine toxicology screen was positive for opiates, hydrocodone, and hydromorphone. These results were documented as inconsistent with prescribed medications. Treatment to date has included physical therapy, an interferential unit trial, a knee brace, left knee steroid injections, and medications including opioid analgesic, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: December 4, 2009. There were no noted comorbidities. On April 28, 2015, the injured worker complains of pain in her sternum. The physical exam reveals pain on palpation of the upper inner cleft of breast, clear

lungs, and ability to deep breathe. Her work status is temporarily totally disabled. The treatment plan includes the refilling of Tramadol HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride 50mg quantity 60: Upheld

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

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

Decision rationale: The long-term usage of opioid therapy is discouraged by the California Medical Treatment Utilization guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." According to the California Medical Treatment Utilization guidelines, the synthetic opioid Tramadol is indicated as a second-line treatment for moderate to severe pain. The Ca MTUS guidelines details indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the current pain; least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was lack of evidence of risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and the lack of objective evidence of functional benefit obtained from the opioid medication. The IW has been on this medication for a minimum of 6 months. Urine drug screens are not consistent with prescribed medications. Therefore, the Tramadol is not medically necessary.