

Case Number:	CM15-0138562		
Date Assigned:	07/28/2015	Date of Injury:	08/23/2013
Decision Date:	08/27/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female who sustained an industrial injury on 8/23/13 when she slipped and missed two steps causing her to fall on both knees with increased pain in her left knee. She was using a walker at the time because previous slip and fall injury on 8/1/12 where she injured her left foot and ankle and then another slip and fall at home on 11/2012 where she injured her left knee and reinjured her left foot. She was medically evaluated, x-rayed and given pain medication with relief of pain. She also experienced neck pain that radiated to her left shoulder, upper and mid-back and associated tingling sensation in her left arm, hand and fingers that was associated with repetitive writing, typing and using her upper extremities. She currently complains of bilateral knee pain with pain and burning in the left knee. On physical exam there was spasm in the cervical paraspinal muscles with tenderness on palpation, restricted range of motion; the knees exhibited tenderness to pressure over medial joint lines, decreased range of motion; there was tenderness to pressure over the plantar left foot. Medication was tramadol. Diagnoses include cervical sprain; derangement of joint of shoulder; carpal tunnel syndrome; internal derangement of the ankle and foot; internal derangement of knee; status post left knee surgery (6/19/14). Treatments to date include 12 sessions of physical therapy with improvement in pain; transcutaneous electrical nerve stimulator unit with improvement; right and left knee injection with improvement. Diagnostics include cervical MRI (2014) no results available; MRI of the left knee (2013, 2014). In the progress note dated 6/11/15 the treating provider's plan of care includes a request for tramadol HCL 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75-80, 94.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Based on the lack of documentation, this request is not medically necessary and cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.