

Case Number:	CM15-0182655		
Date Assigned:	09/23/2015	Date of Injury:	02/28/2010
Decision Date:	11/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/16/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40-year-old male who sustained an industrial injury on 02-28-2010. He has reported injury to the bilateral knees and low back. The diagnoses have included lumbago; lumbar region disc disorder; lumbar radiculitis; degenerative joint disease, bilateral knees; internal derangement bilateral knees; patella tendinitis, bilateral; and status post great toe crush injury with partial amputation. Treatment to date has included medications, diagnostics, activity modification, transcutaneous electrical nerve stimulation (TENS) unit, injections, and physical therapy. Medications have included Tramadol ER, Naproxen, and Voltaren gel. Urine drug screen 2-13-2015 was consistent with prescribed medications. A progress note from the treating physician, dated 02-14-2015, reported continued pain in the left posterior elbow, right posterior elbow, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac, left buttock, left posterior leg, left posterior knee, left calf, left ankle, left foot, right buttock, right posterior leg, right posterior knee, right calf, right ankle, right foot, right anterior leg, right anterior knee, right shin, left anterior leg, left anterior knee, left shin, left ankle, and left foot; his discomfort was rated as a 6/10 in intensity and was noticeable approximately 100% of the time; the discomfort at its worst is rated as a 10/10 and at its best is a 5/10. Performing climbing, bending, lifting, standing, walking, and sitting made his symptoms worse and the pain felt better with rest and pain medications. Objective findings included ambulation with a guarded gait, mild to moderate tenderness to palpation over the lumbar paraspinal region bilaterally, decreased lumbar range of motion with spasm noted upon flexion, positive straight leg raise bilaterally, mild to moderate tenderness to palpation of the bilateral knees over the medial joint line and lateral joint line,

positive McMurray's test bilaterally, and sensory dermatome evaluation revealed hypoesthesia in L4, L5, S1 regions on the right. The treatment plan included the request for Tramadol ER 150mg by mouth daily #45. The original utilization review, dated 08-03-2015, modified the request to Tramadol ER 150mg by mouth daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg PO QD #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day for the immediate-release formulation and 300 mg/day for the extended-release formulatio. It also should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first-line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose or death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The patient's medical records showed use of tramadol for over 6 months. There was good annotation of effectiveness of medication in controlling pain/improving function and of ongoing urine drug screens or other assessments for aberrant drug seeking behaviors but no documentation of medication side effects, failure of a trial of first-line chronic pain medications or a patient contract for single provider to prescribe opioids. Additionally, the patient is being prescribed a daily dose (450 mg per day) which is greater than the recommended daily dosage (300 mg per day). There is no indication to use excessive dosing to treat this patient's pain. Medical necessity for continued use of tramadol at this high dose has not been established.