

Case Number:	CM15-0194567		
Date Assigned:	10/08/2015	Date of Injury:	04/01/2010
Decision Date:	11/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/05/2015

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

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 58 year old male, who sustained an industrial injury on 4-1-10. The injured worker was diagnosed as having internal derangement of the knee bilaterally; Achilles tendonitis-plantar fasciitis bilaterally; wrist sprain; depression; sleep disorder; GI irritation; weight gain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-22-15 documented by the provider indicated the injured worker "states there is a now settlement discussion and he might compromise and release. In the interim, he states he has lost 5-10 pounds because of loss of appetite. He has last worked on 5-5-11. He is minimizing chores. He has need for braces and cane. He does use a cane at times. The patient does have knee braces at this point. He does use orthotics. He now uses a four-lead TENS unit with garment." On physical examination, Tenderness along the Achilles tendon as well as the plantar fascia is noted. Tenderness along the knees medially and laterally is noted with the range of motion satisfactory. Knee extension is 160 degrees on the right and 170 degrees on the left. Flexion is 90 degrees bilaterally. Ankle dorsiflexion is 0 degrees and plantar flexion is 30 degrees with crepitation on motion of the knees. There is no definitive date of when Tramadol was initiated. A Request for Authorization is dated 10-5-15. A Utilization Review letter is dated 9-30-15 and modified requests for gradual tapering of Tramadol 150mg #30 to allow a quantity of #28 and for Tramadol 150mg (next visit) #30 to allow a quantity of #24. A request for authorization has been received for Tramadol 150mg #30 and Tramadol 150mg (next visit) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg Qty 30: 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): Opioids for chronic pain, Opioids, cancer pain vs. non-malignant pain, Opioids, criteria for use.

Decision rationale: Review indicates the requests for Tramadol 150mg of #30 and next visit were modified for #28 and then #24 to assist in weaning process. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic April 2010 injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol 150mg Qty 30 is not medically necessary and appropriate.

Tramadol 150mg (next visit) #30: 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): Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Review indicates the requests for Tramadol 150mg of #30 and next visit were modified for #28 and then #24 to assist in weaning process. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance.

Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2010 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 150mg (next visit) #30 is not medically necessary and appropriate.