

Case Number:	CM15-0200975		
Date Assigned:	10/16/2015	Date of Injury:	09/15/2011
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 male, who sustained an industrial injury on 9-15-11. The injured worker was diagnosed as having pain in joint of shoulder, hand, and lower leg. Treatment to date has included left knee meniscectomy in 2012, right knee arthroscopic medial and lateral meniscectomies in 2012, right wrist reconstruction and fusion surgery in 2013 followed by hardware removal 8 weeks later, right shoulder arthroscopic subacromial decompression and rotator cuff debridement in 2014, left knee Cortisone injection, physical therapy, a home exercise program, and medication including Gabapentin, Nabumetone, Ibuprofen, and Tramadol ER. Physical examination findings on 7-15-15 included antalgic gait and normal muscle tone without atrophy in bilateral upper and lower extremities. The injured worker had been taking Tramadol ER since at least March 2015. On 9-3-15, the injured worker complained of low back, bilateral knee, right shoulder, and right wrist pain rated as 8 of 10 without medication and 4-5 of 10 with Tramadol ER. On 9-8-15, the treating physician requested authorization for Tramadol HCL ER 150mg #30ms quantity 60. On 9-17-15, the request was modified to certify Tramadol HCL ER 150mg #30ms quantity 30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg cap, #30ms, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. MTUS states "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." The treating physician does not fully document the least reported pain over the period since last assessment, pain relief, or increased level of function. As such, the request for Tramadol HCL ER 150mg cap, #30ms, Qty 60 is not medically necessary.