

Case Number:	CM15-0036427		
Date Assigned:	03/04/2015	Date of Injury:	08/16/2010
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/26/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 66 year old male sustained a work related injury on 08/16/2010. According to a progress report dated 01/28/2015, the injured worker complained of lumbar spine pain that was rated 4 on a scale of 1-10. Right shoulder, hand and thumb pain was rated 3. Bilateral knee pain was rated 9 and was constant with swelling and numbness radiating into the lower extremities. The shin was achy. The injured worker reported that it felt like his knees were going to give out on him. He could not walk for any length of time and he could not climb stairs. Diagnoses included right shoulder impingement syndrome, right shoulder acromioclavicular cartilage disorder, right shoulder subacromial/subdeltoid bursitis, bilateral knee degenerative joint disease, bilateral knee internal derangement, lumbar spine sprain/strain, lumbago of chronic nature. Medications refilled included Tramadol 50mg one three times daily as needed #90, Omeprazole 20mg one daily #30. Both medications included two additional refills. According to a progress report dated 02/05/2015, the provider felt that the injured worker should undergo arthroscopy with arthroscopic surgery for the right knee. Permission was requested for manipulation of the right knee under anesthesia with arthroscopy with arthroscopic surgery for the right knee to include meniscectomy, chondroplasty, synovectomy, possible lateral release of the patella and possible removal of loose bodies at an ambulatory surgery center. A request was made for postoperative medication which included Ultram (tramadol) 50mg one tablet every 4-6 hours as needed for pain #60. On 02/10/2015, Utilization Review modified Tramadol 50mg #90 with 2 refills. According to the Utilization Review physician, despite using Tramadol, the injured worker continued to have significant pain in the lumbar spine, right shoulder/thumb and bilateral knees.

In addition there had been no documentation of quantifiable improvement in function as a result of Tramadol use. Prior reviews initiated the weaning process for Tramadol due to lack of functional improvement and pain reduction. Further weaning is recommended. Guidelines cited for this request included CA MTUS Chronic Pain Medical Treatment Guidelines, Opioids. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. There is no clear documentation of pain and functional improvement with previous use of the Tramadol. There is no clear documentation of continuous documentation of patient compliance to his medications. There is no documentation of the medical necessity of Tramadol over NSAID. Therefore, the prescription of Tramadol 50 mg #90, with 2 refills is not medically necessary.