

Case Number:	CM15-0044091		
Date Assigned:	03/16/2015	Date of Injury:	04/28/2006
Decision Date:	04/22/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on April 28, 2006. The injured worker had reported a right ankle, right knee, left shoulder and low back injury. The diagnoses have included persistent low back pain with radiation to the neck, left knee pain, right knee medial and lateral meniscus tear, anterior cruciate ligament tear of the right knee, chronic right ankle pain, left shoulder pain, status post right ankle surgery and anxiety and depression secondary to chronic pain. Treatment to date has included medications, radiological studies, aqua therapy, topical analgesics, exercise, and ankle surgery. Current documentation dated January 27, 2015 notes that the injured worker complained of ongoing low back pain, right knee and right ankle pain at 7-10/10. Physical examination of the lumbar spine revealed tenderness of the paraspinal muscles with active spasm and a decreased range of motion in all planes at the waist. The treating physician's recommended plan of care included Tramadol HCL 200 mg # 60. Patient sustained the injury due to slip and fall incident. The medication list includes Cymbalta, Relafen, Prilosec, Colace, Amitriptyline and Tramadol. She has had a urine drug toxicology report on 10/1/14 that was consistent. The patient's surgical history include: right ankle surgery. The patient has had MRI of the left shoulder that revealed no tear and MRI of knee that revealed degenerative changes and normal MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 200mg #60 with 1 refill for the lumbar spine, right knee and right ankle:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants, aquatic therapy, opioids Page(s): 13-14, 22, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Request: Tramadol 200mg #60 with 1 refill for the lumbar spine, right knee and right ankle. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain". Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The diagnoses have included persistent low back pain with radiation to the neck, left knee pain, right knee medial and lateral meniscus tear, anterior cruciate ligament tear of the right knee, chronic right ankle pain, left shoulder pain, status post right ankle surgery and anxiety and depression secondary to chronic pain. Current documentation dated January 27, 2015 notes that the injured worker complained of ongoing low back pain, right knee and right ankle pain at 7-10/10. Physical examination of the lumbar spine revealed tenderness of the paraspinal muscles with active spasm and a decreased range of motion in all planes at the waist. Patient sustained the injury due to slip and fall incident. The patient's surgical history includes right ankle surgery. The patient has had MRI of the knee that revealed degenerative changes. The pt is already taking a NSAID and medicines for chronic pain including Cymbalta and amitriptyline. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. Her urine drug screen was consistent. This request for Tramadol 200mg #60 with 1 refill for the lumbar spine, right knee and right ankle is medically appropriate and necessary.