

Case Number:	CM15-0044111		
Date Assigned:	03/16/2015	Date of Injury:	10/23/2012
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
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:

This is a 42 year old male patient, who sustained an industrial injury on 10/23/12. The diagnoses include chronic cervical sprain/strain, lumbar spondylosis with annular disc tears and facet arthropathy, left knee meniscal injury, status post umbilical hernia repair and chronic pain syndrome. Per the doctor's note dated 2/10/2015, he had left knee injury. Physical examination revealed quadriceps atrophy, left medial knee tenderness and mild reduction in range of motion of left knee with positive McMurray. The medications list includes Naprosyn, Prilosec and Tramadol. He has had lumbar MRI, which revealed annular tear with disc protrusion at L3-S1; left knee MRI, which revealed medial meniscus tear and thickening of the lateral collateral ligament; cervical MRI, which revealed disc protrusion at C6-7. He has had urine drug screen on 5/20/14, 9/16/14 and 2/10/15. The treatment plan included continuation of oral medications and orthopedic evaluation of left knee internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Request: Tramadol 50mg #90 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 nor epinephrine. 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 use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided he had left knee injury. He is noted to have significant objective evidence of abnormalities on physical exam- quadriceps atrophy, left medial knee tenderness and mild reduction in range of motion of left knee with positive McMurray. He has also had diagnostic studies with abnormal findings. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg #90 is medically appropriate and necessary to use as prn during acute exacerbations.