

Case Number:	CM15-0051415		
Date Assigned:	03/24/2015	Date of Injury:	08/10/2011
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/18/2015

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:

The injured worker is a 61 year old male, who sustained an industrial injury on 08/10/2011. Initial complaints and diagnoses were not found in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, MRIs of the right shoulder, bilateral knees and cervical spine, electrodiagnostic testing of the bilateral upper extremities and right lower extremity, injections, and random urine drug testing. Currently, the injured worker complains of ongoing neck, back, shoulder and knee pain. It was reported that the injured worker was doing well on his current medication regimen. Current diagnoses include chronic low back pain, bilateral leg pain, lumbar degenerative disc disease with disc protrusions with annular tear and bilateral foraminal stenosis, neck pain with foraminal stenosis and narrowing of the bilateral foramen, chronic right knee pain with a right-sided medial meniscus tear and early degenerative changes, right shoulder pain with moderate tendinopathy, moderate tear of labrum and degenerative joint disease with impingement, dermatitis from left knee brace, left knee pain with myxoid degeneration throughout the anterior horn of the lateral meniscus and anterior tear of the anterior horn, right carpal tunnel syndrome, bilateral S1 radiculopathy, and chronic myofascial back pain. The treatment plan consisted of continued medications (including Ultram), orthopedic consultation for the left knee (pending), continued activity restrictions, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 74-86 and 122.

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 Ultram. There is no clear documentation of continuous compliance of the patient to his medications. There is no documentation for compliance of the patient with his medications and a continuous monitoring of side effects. There is no documentation of the medical necessity of Ultram. Therefore, the prescription of Ultram ER 200mg # 60 is not medically necessary.