

Case Number:	CM15-0055717		
Date Assigned:	04/15/2015	Date of Injury:	10/06/2006
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 55 year old male, who sustained an industrial injury on 10/6/06. He reported pain in the left knee, left hip, left elbow, left shoulder and neck. The injured worker was diagnosed as having left greater trochanteric bursitis, left popliteal bursitis, left knee internal derangement, and left knee chondromalacia. Treatment to date has included left shoulder surgery in 2007 with subsequent revision in 2009. Other treatment included occupational therapy, physical therapy, Synvisc injections, and Cortisone injections for left knee pain. An electromyogram/nerve conduction study revealed carpal tunnel syndrome and carpal tunnel release was performed on 2/2/11. A MRI dated 7/17/12 revealed degenerative changes of the patellofemoral joint with near full thickness cartilage loss of the lateral facet, mild sprain of the fibular collateral ligament, and mild tendinous strain of the popliteus tendon. Currently, the injured worker complains of left knee and left hip pain. The treating physician requested authorization for Ultram 50mg #60 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg no 60 sig 1 po bid daily 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Ultram is the opioid analgesic tramadol. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRIs, TCAs and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving ultram since at least January 2015 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request is not medically necessary.