

Case Number:	CM15-0083831		
Date Assigned:	05/06/2015	Date of Injury:	05/16/2013
Decision Date:	06/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old female, who sustained an industrial injury on 05/16/2013 when she fell at work. She has reported subsequent left knee, low back, left hip and left ankle pain and was diagnosed with left knee internal derangement with lateral meniscus pathology, lumbar myofascial pain, left hip trochanteric bursitis, left ankle pain and rule out left lumbar radiculopathy. Treatment to date has included oral pain medication, TENS unit, physical therapy and a steroid injection. In a progress note dated 03/12/2015, the injured worker complained of left knee, low back, left hip and left ankle pain. Objective findings were notable for tenderness of the left knee, lumbar spine, left hip and left ankle, swelling of the left knee, difficulty arising from a seated position, decreased range of motion of the lumbar spine and diminished sensation in the left L5 and S1 dermatomal distributions. A request for authorization of Tramadol refill was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75, 78 and 93-94.

Decision rationale: The MTUS notes that tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. The medical records do not support use of tramadol within the MTUS guidelines noted above. There is no documentation of pain relief, specific functional improvement or side effects related to use of tramadol since 1/29/15. There is no documented pain assessment which should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Without documented efficacy, the request for tramadol 50 mg #60 is not medically necessary.