

Case Number:	CM14-0130815		
Date Assigned:	09/16/2014	Date of Injury:	04/03/1998
Decision Date:	10/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in physical medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66 year-old female who sustained an injury on 4/3/98. On 6/18/14, she complained of persistent burning pain in her bilateral knees, aching pain in her left shoulder, pins and needles sensation in her low back and burning pain with pins and needles sensation in her left foot. Her pain was rated 7.5-8/10. Examination demonstrated antalgic gait, abnormal toe walk on the left, tenderness, muscle spasm, decreased sensation in the L4 and L5 dermatomes, 2/2 knee and ankle reflexes, positive straight leg raise on the left, positive patellar grind maneuver at the left knee, left knee tenderness and swelling, positive McMurray's medially at the left knee, decreased left knee range of motion and 4+/5 strength in flexion and extension of the left knee. She is status post multiple surgical procedures for the left ankle and bilateral knees. MRI of the lumbar spine revealed degenerative changes of the facet joints with ligamentum flavum hypertrophy seen at L2-3, L3-4, L4-5, and L5-S1. At L3-4 and L4-5 there were trace disc bulges without central canal or foraminal stenosis. She was prescribed Motrin, Voltaren gel, Ambien, Norco, and Ultram. In the past, she had lumbar spine injections which were helpful, TENS unit with pain relief, and PT. On 3/4/14 the requests for Norco and Ultram were modified to allow these for one month supplies for weaning. Diagnoses: Left knee pain following arthroscopy, left ankle pain following tarsal tunnel release, right knee pain following arthroscopy x2, lumbar pain with multilevel disc bulges; compensatory, left ankle fibular fracture; compensatory, right ankle sprain, persistent left foot pain, left shoulder contusion and pain, status post fall; compensatory. The request for Ultram 50mg #90 to allow this one refill for weaning purposes to discontinue over 2-3 months was modified on 7/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Page(s): 91.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "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 guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS- Visual Analog Scale) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The IW is also taking Norco; however, concurrent use of multiple opioids is not recommended. Therefore, the request of Ultram 50mg #90 is not medically necessary and appropriate.