

Case Number:	CM14-0142834		
Date Assigned:	09/10/2014	Date of Injury:	06/04/2012
Decision Date:	11/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 patient is a 38 year old female who sustained an industrial injury on According to the AME re-evaluation report dated 12/10/2013, the patient is diagnosed with left elbow strain/triceps tenosynovitis; left wrist strain; chronic low back strain with 3-4mm disc protrusion L4-5 and L5-S1; right and left knee contusion; and complaints of depression, anxiety and sleep difficulty. Further treatment is not indicated and she has attained MMI. With regard to medications, within future medical care, the AME states the patient should be afforded, as needed, occasional non-steroidal anti-inflammatory medications, such as Motrin, Advil, Aleve, or similar type. Only short course of PT for flare up, and no invasive care or stronger medications were recommended. A toxicology report dated 1/30/2014 indicates the 1/28/2014 qualitative drug screen was negative, which is inconsistent with prescribed medications. The 2/24/2014 supplemental report documents the patient was being provided tramadol, lorcet plus and anaprox. The provider states the patient had run out medications, and this was cause of the negative toxicology screen. According to the 7/14/2014 PTP follow-up report, the patient complains of 7/10 left knee pain, 6/10 right knee pain, and 5/10 lower back pain with lower extremity symptoms. She has been taking hydrocodone and tramadol. Physical examination documents tenderness of left knee medial and lateral joint line, crepitance with ROM, no acute distress and favors right lower extremity slightly with ambulation. Lumbar ROM is 60 degrees flexion, 50 degrees extension and right/left lateral tilt, and 40 degrees left/right rotation. Positive SLR bilaterally and decrease of lumbosacral musculature spasm. Diagnoses are posttraumatic chondromalacia patella right greater than left, and lumbar protrusion 4mm at L4-5 and L5-S1. Plane to request reconsideration for left knee viscosupplementation for worsening left knee condition. The patient is dispensed Tramadol ER, hydrocodone 10/325, naproxen, pantoprazole, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram)/ Opioids Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, 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 guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient has not returned to work. There is no evidence that notable pain relief and functional improvement have been obtained as result of ongoing use of opioids. 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 these requirements have been met. The re-evaluation progress reports do not establish she has had clinically significant reduction in pain and improved function with ongoing opioid management. The subjective complaints are unchanged and do not appear to support the need for this opiate nor provide any indication that ongoing use of tramadol ER has been of notable benefit. The AME did not recommend medications stronger than standard analgesics. Consequently, in absence of supportive documentation, the medical necessity of the request for Tramadol ER had not been established in accordance with the guidelines. The request is not medically necessary.