

Case Number:	CM14-0157463		
Date Assigned:	09/30/2014	Date of Injury:	03/10/2014
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 59 year old employee with date of injury 3/10/14. Medical records indicate the patient is being treated for contusion to right knee, right ankle pain and right foot pain. Subjective complaints include intermittent, sharp and dull aching pain of right knee, ankle and foot. Stated pain worsened by prolonged standing, walking, kneeling and squatting. Objective complaints include tenderness on palpation to right knee, right ankle and right foot. X-ray of right ankle revealed diffuse soft tissue swelling of distal calf and ankle. MRI of right knee revealed chronic, degenerative changes. Treatment has consisted of ice, physical therapy, water therapy, TENS unit, biofreeze, restrictions, ankle and knee supports, home exercise program, cortisone injection right knee and cane for walking. Medications include Cyclobenzaprine 5mg qd, Relafen bid, Ketoprofen 75mg bid, Tramadol 50 mg tid, Omeprazole 20mg qd, and Ibuprofen 800mg. Utilization review determination was rendered on 9/17/14 recommending non-certification for Tramadol 50mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, Quantity: 90, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) and Opioids, Criteria for Use Page(s): 93-94 an.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for Tramadol 50 mg, Quantity: 90, with 3 refills are not medically necessary.