

Case Number:	CM14-0167783		
Date Assigned:	10/15/2014	Date of Injury:	08/13/2014
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/11/2014

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 patient is a 46 years old employee with date of injury 8/13/13. Medical records indicate the patient is undergoing treatment for cervicalgia, low back pain, right knee pain and left ankle sprain. Subjective complaints include constant cervicalgia with headaches, low back pain, right knee pain and left ankle pain. Objective complaints include decreased range of motion and increased pain with movement. Tenderness to palpating of the spinal elements and paraspinal musculature. No spasm noted. Straight leg raise negative bilaterally. Treatment has consisted of physical therapy, chiropractic, acupuncture, trigger point injections, TENS unit, home exercise program, mentherm gel, rest with work restrictions. Patient had an epidural spinal injection to the lumbar spine. MRI of right knee revealed medial meniscus tear, edema, joint effusion and full thickness defect of articulate cartilage of lateral patellar facet. MRI of lumbar spine revealed disc/end plate degeneration at L5-S1 with eccentric disc protrusion/bulge, potentially impinging on the right S1nerve root. EMG/NCV of lower extremities showed left sided lumbar radiculopathy involving both. L5 and S1 nerve roots. Treatment included HEP and acupuncture. Medications include: ketoprofen 75mg, cyclobenzaprine 7.5mg, Tramadol 50mg tid, Omeprazole20mg bid. Utilization review determination was rendered on 9/25/14 recommending non- certification of Tramadol 50mg po tid #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 tablet by mouth 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opioids, specified drug list, Tramadol (Ultram ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 50mg 1 tablet by mouth 3 times a day #90 is not medically necessary.