

Case Number:	CM14-0098636		
Date Assigned:	09/16/2014	Date of Injury:	07/10/2013
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 Rehabilitation 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:

This is a male patient with the date of injury of July 10, 2013. A Utilization Review was performed on June 3, 2014 and recommended non-certification of Tramadol ER 150 mg #60 1 tablet QD. A Follow-up Examination dated May 8, 2014 identifies Chief Complaint of bilateral lower back pain, bilateral knee pain, and probable post-traumatic anxiety, insomnia, headaches, and aggravated hypertension. Physical Examination identifies decreased lumbar spine and bilateral knee range of motion. Sensation is decreased L4 through S1 bilaterally. Kemp's was positive bilaterally. Patrick-Fabere test was positive on the left and the right. Lachman's was positive bilaterally. Diagnoses identify lumbar facet syndrome, lumbar muscle spasms, knee tenosynovitis r/o derangement, thoracalgia, cervicogenic headaches, posttraumatic anxiety and depression, probable post traumatic insomnia, and probable post traumatic aggravation of hypertension. Management Plan identifies Tramadol - switch to Tramadol ER 150 mg one tablet QD, 60 dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #60 1 tablet qd: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram ER (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram ER (tramadol), is not medically necessary.