

Case Number:	CM14-0100542		
Date Assigned:	07/30/2014	Date of Injury:	01/08/2007
Decision Date:	06/16/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 56-year-old male who sustained an industrial injury to the right hip and right leg on 01/08/2007 due to being pinned by a tractor. The right hip dislocation was surgically repaired and he subsequently was found to have meniscus tears in the right knee and low back problems. Diagnoses include history of right knee arthroscopy for medial meniscus tears with ongoing pain and swelling with severe degenerative joint disease in the medial compartment; lumbar sprain/strain; and right hip pain. Treatment to date has included medications, physical therapy and surgery. He was also seen by psychology services. According to the progress notes dated 6/5/14, the IW reported worsening pain in his back and right hip and numbness and a heavy sensation in the right leg. He rated the pain 9/10, but stated it was 5/10 on average and 10/10 at its worst. He ambulated with a cane. On examination, range of motion (ROM) of the lower back was very limited, straight leg raise was positive at 80 degrees on the right and he stated he had sensory loss in the right lateral calf and bottom of the foot. The right Achilles reflex was absent. Right hip passive range of flexion and external rotation reproduced painful symptoms. The right knee ROM was also limited, with crepitus present on passive motion and pain produced on patellar compression. He reported 50% reduction in pain and 50% improvement in function with medications as compared to not taking them. A request was made for one prescription of Tramadol 50mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #120: Upheld

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

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: Tramadol is classified as a 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. MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, this patient appears to be on other opioid medications. As such, the request for Tramadol 50mg, #120 is not medically necessary.