

Case Number:	CM14-0195244		
Date Assigned:	12/02/2014	Date of Injury:	10/22/2003
Decision Date:	01/20/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/21/2014

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 Emergency Medicine and is licensed to practice in New York. 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 53 year old male who reportedly sustained a work related injury on October 23, 2003. Diagnoses include cervical and right shoulder sprain/strain, left shoulder subacromial decompression, bilateral carpal tunnel syndrome, degenerative joint disease (DJD) bilateral knees and bilateral knee arthroscopy. Primary treating physician report dated July 1, 2014 notes the injured worker continues to complain of shoulder, knee and low back pain with numbness in his hands. He reports increased knee pain and more frequent episodes of back pain. Physical exam revealed decreased range of motion (ROM) of the cervical and lumbar spine and knees with tenderness. Primary treating physician visit dated October 31, 2014 provides the injured worker to have frequent flare ups of pain and swelling in bilateral knees. He reports pain is rated 6-7/10 and that without Norco and Tramadol he would not be able to get out of bed and care for basic needs. Low back pain is rated 6/10. Physical exam documents +1 swelling of left knee with tenderness of knees bilaterally. Range of motion (ROM) of knees is listed as right flexion 115 degrees, left 110 degrees and no extension with antalgic gait favoring his left leg. He continues to perform regular work duties. Medications are listed as Norco, Tramadol and Celebrex. On November 7, 2014 Utilization Review determined a request dated October 21, 2014 for Tramadol Hydrochloride 50mg #400 not to be filled until 11/30/14 is non-certified. Medical Treatment Utilization Schedule (MTUS) guidelines were used in the determination. Application for independent medical review is dated November 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride 50mg #400 not to be filled until 11/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: ongoing management, When to discontinue Opioids, When to.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, and TCA's. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been using tramadol since at least July 2013 and had not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.