

Case Number:	CM14-0035880		
Date Assigned:	06/23/2014	Date of Injury:	07/24/2013
Decision Date:	06/24/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 is a 39 year old female, who sustained an industrial injury on July 24, 2013. She reported that while attempting to rise to a standing position while on her hands and knees cleaning a Jacuzzi, her hand slipped and she fell, bearing weight on the ulnar border of the left wrist with contusion in the left side of her wrist. The injured worker was diagnosed as having rule out TFCC tear/internal derangement of the left wrist, left knee pain rule out medial meniscal pathology, and status post right shoulder arthroscopy (separate claim). Treatment to date has included physical therapy, x-ray, MRIs, cortisone injections to the left wrist, and medications. Currently, the injured worker complains of left knee and left wrist pain. The Primary Treating Physician's Orthopedic report dated January 21, 2014, noted the injured worker rated her left knee pain as an 8/10, and her left wrist pain as a 6/10. The left wrist examination was noted to show tenderness in the dorsal and ulnar aspects, with spasm of the proximal left wrist extensors and left wrist pain with radial deviation and extension, active and passive. The left knee examination was noted to show tenderness in the medial aspect of the left knee, with crepitus with range of motion (ROM) and a moderately positive McMurray test, medial aspect. The injured worker was noted to have failed conservative treatment of the left wrist and firstline non-steroid anti-inflammatory drugs (NSAIDs). The treatment plan was noted to include a request for authorization for left knee MRI, with medications dispensed, including Naproxen Sodium, Pantoprazole, Tramadol ER, and Cyclobenzaprine, with a urine drug screen (UDS) initiated to establish a baseline. The injured worker was noted to remain temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 2 mg (typo for 200mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER. generic available in immediate release tablet)
Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96. 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. As such, the request for Tramadol 2 mg (typo for 200mg) #60 is not medically necessary.