

Case Number:	CM15-0006102		
Date Assigned:	01/16/2015	Date of Injury:	05/01/2013
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 37- year old female, who sustained an industrial injury on May 1, 2013. She has reported kneeling and standing that resulted in knee pain. Treatment to date has included pain medications, physical therapy, left knee surgery, TENS therapy which diminished pain and improved tolerance to standing and walking. Currently, the IW complains of left knee pain that was rated a nine on a scale of ten and right knee pain that was compensatory and rated a five on a scale of ten. With medications the worker reported the ability to complete activities of daily living. The worker had a left knee arthroscopy on October 19, 2013 and range of motion was documented as increased and gait more brisk. On December 24, 2014, the Utilization Review decision non-certified a request for a prescription of Tramadol 150mg ER two tablets per day, noting that there was lack of documentation to support a weaning process which was recommended in a previous review. The MTUS, Chronic Pain Medical Treatment Guidelines were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of Tramadol 150mg ER two tablets per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL CAP 150MG ER Two PO Q Day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Chronic Pain; Tramadol

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 HCL CAP 150MG ER Two PO Q Day is not medically necessary.