MAXIMUS Federal Services

Case Number:	CM15-0012907		
Date Assigned:	01/30/2015	Date of Injury:	04/30/2013
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/22/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male who sustained an industrial injury reported on 4/30/2013. He has reported left knee pain. The diagnoses have included meniscus tear and internal derangement of the right knee - post arthroscopic surgery (10/2013); and left knee tear of the lateral meniscus with tri-compartmental osteoarthrosis and grade 1 sprain. Treatments to date have included consultations; diagnostic imaging studies that include the left knee; physical therapy sessions for the right knee; and medication management. The work status classification for this injured worker (IW) was noted to be on permanent restrictions from the right knee. On 1/9/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 11/24/2014, for Ultram 50mg #60 with 2 refills. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids criteria, was cited. The utilization reviewer had denied the request for tramadol partly on the basis that the records indicate the patient is already taking Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria, Tramadol Section Page(s): 76-80, 94.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the re-uptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will became effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Firstly, it is not clear if a controlled substance or opioid agreement was signed. The request for tramadol was made on 12/16/2014, but did not acknowledge the fact that the patient is taking other opioid medications concomitantly. A note from 11/4/14 indicates that the patient's medication list includes Norco and Tylenol with Codeine. The requesting provider did not comment on whether the tramadol was to be taken in lieu of these medications. Without clarity on these issues, this request is not medically necessary.