

Case Number:	CM15-0017349		
Date Assigned:	02/05/2015	Date of Injury:	10/07/2011
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 48 year old female who sustained an industrial injury on 10/7/11. The injured worker reported symptoms in the left knee. The diagnoses included shoulder sprain/strain, shoulder joint pain, cervical sprain/strain neck, hip or thigh strain and derangement of medial meniscus (knee) unspecified. Treatments to date include cortisone injections, home exercise program; status post left knee arthroscopy with partial medial meniscectomy on 6/26/14, physical therapy, transcutaneous electrical nerve stimulation unit, oral non-steroidal anti-inflammatory drugs and oral opioid analgesics. In a progress note dated 1/12/15 the treating provider reports the injured worker was with "left knee pain 4-5/10 severity." On 1/20/15 Utilization Review non-certified the request for Tramadol 50 milligrams quantity of 90 modified to Tramadol 50 milligrams quantity of 45. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic left knee and low back pain. The current request is for TRAMADOL 50MG #90. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. This patient has been utilizing Tramadol since at least 5/27/14. According to progress report dated 5/27/14, the patient complains of constipation and itchy skin, but unsure if the skin irritation is related to medication use. Progress reports from 6/25/14 through 8/30/14 provide no discussion regarding Tramadol. On 9/30/14, the treating physician dispensed a prescription for Tramadol 15mg #100. Report 11/12/15 states that the patient's current pain level is 4-5/10 and is takes Ibuprofen and Tramadol daily with no side effects. There are no further discussions regarding the efficacy of this medication. In this case, recommendation for further use of Tramadol cannot be supported as there are no discussions regarding functional improvement, changes in ADL's, or change in work status to document significant functional improvement. There are no before and after pain scales to denote a decrease in pain with using long term opiate. There is no Urine Drug Screen reports are no discussions regarding possible aberrant behaviors or adverse side effects with medication. The treating physician has failed to document the minimal requirements of documentation that are outlined in MTUS for continued opiate use. The requested Tramadol IS NOT medically necessary and recommendation is for slow weaning per MTUS.