

Case Number:	CM15-0120651		
Date Assigned:	07/01/2015	Date of Injury:	11/28/2012
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old male, who sustained an industrial injury on 11/28/2012. The injured worker was diagnosed as having left knee status post arthroscopic surgery x4, moderate left knee osteoarthropathy, right knee chondromalacia patella, lumbar myofascial pain, and rule out lumbar radiculopathy. Treatment to date has included diagnostics, multiple left knee surgeries, viscosupplementation, and medications. Currently (5/21/2015), the injured worker complains of left knee pain rated 8/10, and increasing low back pain rated 5/10. Medication regimen facilitated activities of daily living and managed pain. Medication use was documented as Tramadol ER 300mg/day (or 2 daily), resulting in 5 point diminution of pain, depending on activity level. It was documented that without the use of Tramadol ER at current dosing, he recalled consumption of IR drug greater than 5 per day, now discontinued. The use of non-steroidal anti-inflammatory drug also improved range of motion and provided additional 2-point diminution of pain. He recalled refractory spasm without Cyclobenzaprine at current dosing and this medication. The treatment plan included continued request for physical therapy for the lumbar spine, continue medication (noting tapering encouraged), and follow up for anticipated series of viscosupplementation. The previous PR2 report (4/14/2015) noted unchanged pain levels. Pain medications were documented as Tramadol ER, non-steroidal anti-inflammatory drug, and Cyclobenzaprine. Urine toxicology on this date was positive for Hydrocodone, Hydromorphone, Tramadol, and opiates. His work status was permanent and stationary, unchanged. Hydrocodone was prescribed on 3/10/2015, with documentation noting that Tramadol ER allowed for the discontinuation of IR opioid narcotic analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) Cap 150 mg ER (extended release), unspecified Qty:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non-adherent) 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. In this case, there is no clear evidence of functional and pain improvement from the previous use of Tramadol. There is no objective documentation of pain severity level to justify the use of Tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol HCL ER 150 mg is not medically necessary.