

Case Number:	CM15-0126875		
Date Assigned:	07/13/2015	Date of Injury:	12/18/2012
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 26 year old male who sustained an industrial injury on 12/18/12 from a trip and fall from a roof. He was medically evaluated and given pain medication. He currently complains of left knee pain (6/10) and occasional right knee pain. Medications are Tramadol, Omeprazole, Lidopro ointment, Nabumetone. The injured workers liver function tests were elevated 11/11/14, 8/19/14, 5/12/14. He tried to kill himself per qualified medical exam note 2/22/15. Diagnoses include depressive disorder; chronic pain: knee and foot; lateral meniscus tear, status post left knee surgery (10/7/13); elevated liver function tests. Treatments to date include psychological evaluation (progress note 3/10/14 indicates that the injured worker has not experience suicidal ideations since last session); home exercise program; transcutaneous electrical nerve stimulator unit, mildly helpful; aqua therapy which was very helpful. Diagnostics include electrodiagnostic/ nerve conduction lower extremity study (2/17/14) normal; MR lower extremity (5/9/14) showing large lateral meniscus tear, meniscus degeneration. In the progress note dated 5/21/15, the treating provider's plan of care included a request for Tramadol 50 mg # 60 (this is hepatic dosing).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124. Decision based on Non-MTUS Citation
<http://www.fda.gov/downloads/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicinalProducts/UCM213265.pdf>.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Per manufacturer's information, Tramadol is not recommended for use in individuals with suicidal idealization. In this case, per available documentation, the injured worker has previously attempted suicide. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg, #60 is not medically necessary.