

Case Number:	CM15-0077857		
Date Assigned:	05/19/2015	Date of Injury:	05/24/2010
Decision Date:	06/26/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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: Internal 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 53-year-old female, with a reported date of injury of 05/24/2010. The diagnoses include status post total knee replacement, osteoarthritis, right knee internal derangement, knee pain, and knee sprain. Treatments to date have included physical therapy, right total knee replacement, oral medications, topical pain medication, and x-rays of the right knee in (02/2015) with no signs of increased osteoarthritis and no degenerative changes. The progress report dated 11/19/2014 indicates that the injured worker had decreased her pain medications. She had more pain in her knees, back pain, and sciatica. The injured worker was scheduled to have surgery on her right knee two weeks following the appointment. The objective findings did not include any information about the injured worker's knee or back. The treating physician planned to continue the transdermal medications and did not change her other medications. A prescription for Ultram (Tramadol) dated 02/26/2015 was included in the medical records. The medical report from which the request originates was not included in the medical records provided for review. The progress report dated 02/16/2015 indicates that the injured worker had a follow-up examination of her right knee. She stated that she felt the same since the last office visit, and had no changes in her progress. The injured worker rated her pain 8 out of 10. The treating physician requested Tramadol 150mg #90 (date of service: 02/26/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 150mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Actions should include prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. 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). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. MTUS Chronic Pain Medical Treatment Guidelines indicates that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Percocet 10/325 mg #60 and Vicodin 7.5/300 mg #60 were prescribed by the patient's orthopedic surgeon on 2/16/15. Ultram (Tramadol) was prescribed by an Internal Medicine physician on 2/26/15. Percocet 10/325 mg #60 and Vicodin 7.5/300 mg #60 were prescribed by the patient's orthopedic surgeon on 3/3/15. The patient has been prescribed 3 different opioid medications - Percocet, Vicodin, Ultram (Tramadol) - concurrently, by two different physicians. MTUS guidelines recommend that opioid prescriptions be from a single practitioner. The request for Tramadol (Ultram) is not supported by MTUS guidelines. Therefore, the request is not medically necessary.