

Case Number:	CM15-0097312		
Date Assigned:	05/28/2015	Date of Injury:	02/09/2010
Decision Date:	06/26/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/20/2015

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 female, who sustained an industrial injury on 02/09/2010. She has reported subsequent left hip, bilateral knee, low back and bilateral upper extremity pain and was diagnosed with left hip strain, lumbar spine sprain/strain, central disc protrusion of L4-L5, contusion of the bilateral knees, sprain/strain of the bilateral ankles and cumulative injury to bilateral upper extremities. Treatment to date has included oral pain medication, physical therapy, psychotherapy and surgery. In a progress note dated 04/20/2015, the injured worker complained of left hip, left knee and low back pain. Objective findings were notable for slight thoracic paravertebral muscle spasms bilaterally and sciatic notch tenderness bilaterally, decreased range of motion of the cervical spine, cervical paravertebral muscle tenderness bilaterally and occipital notch tenderness bilaterally, tenderness of the medial epicondyle on the right arm, positive Tinel's sign, tenderness on the medial side of the right knee and left knee and decreased sensation to light touch in the left L4-L5 distribution. A request for authorization of Tramadol refill was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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. There is no clear documentation of pain and functional improvement with previous use of Tramadol. There is no clear documentation of continuous monitoring of patient's compliance with her medication. There is no documentation of the medical necessity of Tramadol over NSAID. Therefore, the prescription of Tramadol 50 mg #30, with 1 refill is not medically necessary.