

Case Number:	CM13-0006963		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2010
Decision Date:	05/21/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury on 03/01/2010. The mechanism of injury involved a fall. Current diagnoses include osteoarthritis of the left lower extremity and abdominal pain in the left lower quadrant. The injured worker was evaluated on 10/30/2013. The injured worker reported persistent pain and numbness in the left knee. Current medications include diclofenac and tramadol. Physical examination revealed an antalgic gait. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG TABLET TAKE 1 TAB EVERY 4 HOURS AS NEEDED (MAX 4/DAY) QTY 120 REFILL 3 TIMES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. The injured worker has utilized tramadol 50 mg since 04/2013. There is no documentation of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request for Tramadol is not medically necessary.