

Case Number:	CM13-0039419		
Date Assigned:	12/18/2013	Date of Injury:	01/05/2001
Decision Date:	02/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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:

██████████ is a 62 year old woman who sustained a work-related injury on January 5, 2001. Subsequently the patient developed that chronic left upper extremity pain and left knee pain. She also reported left hand and wrist pain. Her physical examination demonstrated the tenderness of the left knee and elbow. According to the notes of September 19, 2013 the patient was diagnosed with left knee pain, left wrist pain and meralgia paresthetica. The provider requested authorization to use ibuprofen and tramadol for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50 mg #120 with 6 refills.: Upheld

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

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

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a central acting analgesic that may be used in chronic pain. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. It is not clear from the patient chart that first line pain

medications were previously attempted. In addition, a refill is not warranted until efficacy of the drug is proved. Therefore, the prescription of 1 prescription of Tramadol 50 mg #120 with 6 refills is not medically necessary.

1 prescription of ibuprofen 600 mg #120 with 6 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen Page(s): 51.

Decision rationale: According to MTUS guidelines, Ibuprofen is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There is no clear evidence for the need for ibuprofen 600 mg #120 with 6 refills without documentation of drug efficacy and safety. Furthermore, there is no plan to use the medication at its lowest dose and shortest period of time. Based on the above, 1 prescription of ibuprofen 600 mg #120 with 6 refills is not medically necessary.