

Case Number:	CM13-0059825		
Date Assigned:	12/30/2013	Date of Injury:	03/18/2010
Decision Date:	05/08/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal 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 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 50-year-old male who reported an injury on 03/18/2010. The mechanism of injury was not provided. The injured worker's medication history included opiates as of early 2013. The documentation of 11/12/2013 revealed the injured worker had diagnoses including status post right knee meniscus medial and lateral decompression arthroscopy and left knee surgery, low back syndrome, and lumbar disc disease with protrusion of 3 mm at L4-5 and L5-S1. The request was made for omeprazole DR and tramadol ER, TG Hot and FluriFlex, as well as the MRI of the right knee to rule out a re-tear of the medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The

clinical documentation submitted for review indicated the injured worker had been taking medications from the opiate family since 01/2013. There was a lack of documentation to meet the above criteria. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for tramadol is not medically necessary and appropriate.