

Case Number:	CM14-0000479		
Date Assigned:	01/10/2014	Date of Injury:	12/15/2006
Decision Date:	04/22/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 12/15/06. A utilization review determination dated 12/17/13 recommends non-certification of tramadol and MRI lumbar spine. 12/20/13 medical report identifies ongoing left knee and low back pain. On exam, there is knee tenderness and lumbar tenderness with decreased ROM. Patient is s/p left TKA. Recommendations include lumbar MRI and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for tramadol, the California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The MTUS guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the

documentation available for review, there is no indication that the tramadol is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced numerical rating scale (NRS)), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested tramadol is not medically necessary.

MRI LUMBAR SPINE WITHOUT DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding the request for lumbar MRI (magnetic resonance imaging), the CA MTUS cites that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Within the documentation available for review, there is no documentation of any abnormal neurological symptoms/findings or another clear rationale for MRI. In light of the above issues, the currently requested MRI lumbar spine is not medically necessary.