MAXIMUS Federal Services

Case Number:	CM14-0000594		
Date Assigned:	01/17/2014	Date of Injury:	02/28/2013
Decision Date:	06/13/2014	UR Denial Date:	12/09/2013
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 & Rehabilitation 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 patient is a 34 year old male who was injured on 02/28/2013 he was standing on an eight foot ladder testing a gas pipe when the ladder supports collapsed causing him to fall backwards to the ground. He landed on both feet, his legs buckled and he fell to his knee. He was taken to a nearby clinic where he was complaining of tingling sensation in the left leg, left low back region and pain in low back region and headache. PR-2 dated 12/09/2013 documented the patient with complaints of neck pain rasted as 8/10, right shoulder pain rated 7/10, left shoulder pain rated 7/10, lower back pain rated 9/10 and left knee pain rated 8/10 on a numeric pain scale. He notes severe constant pain and difficulty with activities of daily living. Objective findings on examination reveal the patient is wearing a left knee brace and lumbar spine brace. He utilizes single point cane for ambulation. He has a significant limp in the left lower extremity. Examination of the wrist and hand reveals range of motion is limited by pain upon dorsiflexion and palmar flexion. Phalen's and Tinel's signs are positive bilaterally. Examination of the lumbar spine reveals range of motion limited by pain and spasm upon flexion, extension, right and left lateral flexion. Valsalva test and Kemp's test are positive bilaterally. Straight leg raise test and Braggard's test are positive on the left. In addition, the patient is able to heel walk and toe walk on the left but unable on the right. Examination of the knee reveals ranges of motion are limited and painful upon flexion and extension. McMurray test with internal and external rotation is positive on the left and negative on the right. Abduction and adduction stress tests, Lachman's test, Drawer's test, pivot shift test and reverse pilot test are negative bilaterally. Lower extremity motor strength is 4/5 on left and 5/5 on the right in hip flexors, knee extensors, great toe extensor and foot evertors. There is decreased sensation at left L5 and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG #60 TABLETS TO BE TAKEN AS DIRECTED TWICE DAILY TO REDUCE PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Page(s): 75-94.

Decision rationale: As per CA MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system, which is indicated for moderate to severe pain. The guidelines further indicate that 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 nonadherent) 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). In this case, this patient continues to report pain in his neck, lower back, right shoulder and left knee. He has been prescribed this medication since June 2013 and there is documentation that his pain level has reduced from 10/10 to 7-8/10 on a VAS. Also, the dosage of Tramadol has been reduced from 150 mg daily to 50 mg twice daily. There is documentation of ongoing monitoring with the use of urine drug screen that shows no evidence of aberrant behavior or inconsistency. Thus, the request for Tramadol 50 mg #60 is medically necessary and appropriate.