MAXIMUS Federal Services

Case Number:	CM14-0101466		
Date Assigned:	07/30/2014	Date of Injury:	04/11/2005
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/01/2014

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 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:

Patient is a 64 year-old male with a 04/11/05 date of injury when he fell off a 15 foot raised platform while pulling gas lines. Resulting open fracture of left femur was addressed with external skeletal pin fixation, and a few consequent femur repairs. 06/13/14 progress report states subjective complaints of low back pain radiating to the leg, leg ulcer, and hypertension. Objective findings: weakness, restricted ROM, wound ulcer - healed. Diagnoses: Open fracture unspecified part femur; unspecified internal derangement knee, displacement of lumbar disc without myelopathy. Request is for Tramadol ER 150mg qty 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications; Opioids Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines state that chronic pain can have a mixed physiologic e.

Decision rationale: There is a prior determination stating that Tramadol should be weaned completely within 1-2 months. The records indicate that patient had been taking Tramadol since at least 12/2013. Guidelines do not support the use of Tramadol for such a prolonged period of

time without documentation of objective, measurable functional gains in regards to decreased VAS pain levels, increased ROM and improved ability to perform ADLs. There is no documentation of compliant urine drug screen results, either. The prior determination stated an appropriate rationale. Ongoing prescription of Tramadol is not medically necessary.