

Case Number:	CM14-0017846		
Date Assigned:	04/16/2014	Date of Injury:	02/26/2010
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Illinois. 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 57 year old male who reported an injury on 02/26/2010. The mechanism of injury is unknown. The clinical notes dated 03/04/2014 the injured worker reported having low back and right knee pain. The physical examination noted crepitus of the right knee and mild swelling tender at the joint line and the lateral joint, no pain noted with meniscal maneuvers. The injured worker had an epidural steroid injection previously which decreased his left leg pain by about 60%. The injured worker rates pain at 8/10 without medications and as low as 4-5/10. The injured worker was prescribed Tramadol and Relafen. The provider noted the injured worker would benefit from physical therapy. The provider also noted inconsistency of urine drug screen positive for methamphetamines. The request for authorization for Tramadol was provided and signed on 11/07/2013. The provider recommended a refill for TRAMADOL ER 150MG #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Section, Page(s): 78.

Decision rationale: The request for Tramadol ER 150 mg # 120 is non-certified. The injured worker reported having low back and right knee pain. The physical exam noted crepitus of the right knee with mild swelling and tenderness at the joint line and lateral joint. The injured worker underwent an epidural steroid injection which he reported decreased the pain in his left leg by 60%. The California MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid. The guidelines also note the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider noted documentation of pain relief and functional status, however, also noted an inconsistency of urine drug screen with a positive test for methamphetamine. Given the above clinical information the request for Tramadol ER 150 mg # 150 is non-certified.