

Case Number:	CM14-0120023		
Date Assigned:	09/16/2014	Date of Injury:	09/27/2004
Decision Date:	11/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 61-year-old female who reported an injury on 09/27/2004. The mechanism of injury was not provided. On 03/05/2014, the injured worker presented with left knee pain. Upon examination, there was tenderness to palpation and mild crepitus in the bilateral knees. There was decreased right knee range of motion with no edema nor erythema. The diagnoses were left knee sprain/strain, ankle sprain, and chronic pain. Current medications included LidoPro and tramadol. The provider recommended tramadol; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60 (this refill only): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 70.

Decision rationale: The request for tramadol ER 150 mg #60 is not medically necessary. The California MTUS Guidelines recommend opioids for the ongoing management of chronic pain.

The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, the efficacy of the medication was not provided. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.