

Case Number:	CM14-0169926		
Date Assigned:	10/20/2014	Date of Injury:	10/12/2011
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 58-year-old male who reported an injury on 10/12/2011 due to a ladder that slipped and caused him to fall from a 15 foot height hurting his right shoulder, lower back, left knee, and left wrist. When the ladder slipped and he fell to the ground the injured worker hit his head and lost consciousness. Diagnoses were lumbar back pain, right shoulder pain and left knee pain. Physical examination dated 08/12/2014 revealed complaints of left knee pain that was reported to be moderate to severe. There were complaints of low back pain and right shoulder pain. Examination revealed mild to moderate tenderness to palpation, point tenderness, and twitch response on palpation to the lumbar spine. There was palpable muscle spasm. There was a positive straight leg raise test. Examination of the left knee revealed mild tenderness to palpation, crepitus and positive patellar grind, and a positive McMurray's test. Examination of the left shoulder revealed no tenderness to palpation, negative Neer's test, negative Hawkins test. Medications were Metformin, Cyclobenzaprine, Naproxen, and Tramadol. Treatment plan was for a single cortisone injection to help to decrease the pain and inflammation of the left knee. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #30 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tramadol Ongoing Management Page(s): 82,93,94,113 78.

Decision rationale: The decision for Tramadol HCL 50 mg quantity 30 with 4 refills is not medically necessary. The California Medical Treatment Utilization schedule states central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The 4 A's for ongoing monitoring of the central analgesic drug were not reported. There was a lack of documentation of the objective functional improvement for the injured worker. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.