

Case Number:	CM14-0185879		
Date Assigned:	11/13/2014	Date of Injury:	04/28/2013
Decision Date:	12/15/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 28-year-old woman with a date of injury of April 28, 2013. The mechanism of injury occurred while the injured worker was performing her usual and customary job duties. The injured worker tripped over a laundry bag and fell forward. She landed on her back, twisting her right hip, right knee and right ankle as she was falling. The injured worker received physical therapy, which did not help. In early 2014, the injured worker started treating with [REDACTED]. She denies receiving any pain medications at that time. Pursuant to the earliest progress note dated August 11, 2014, the injured worker complains of back pain, right knee pain, and right ankle pain. Physical examination revealed tenderness to the Para spinal s bilaterally. Straight leg raise test was positive at 60 degrees to the right posterior thigh. Palpation to the quadriceps and hamstring revealed tenderness and hypertonicity. The injured worker was diagnosed with chronic lumbar strain, rule out lumbar disc herniation, right knee strain; rule out meniscus tear, and right ankle sprain. The injured worker was provided with Ultram and recommended topical Kera-Tek gel for symptomatic relief. The injured worker was seen again on October 2, 2014. She continues to complain of persistent pain in the back, right knee and right hip. The provider did not provide any documentation of objective functional improvement with the Ultram. The provider recommended the continuation of Ultram for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram-Tramadol 50 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 is not medically necessary. Chronic ongoing opiate use requires an ongoing review documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker has pain in the lower back, right hip, right knee and right ankle indicated in an October 14, 2014 progress note. The medical record's earliest progress note is August 11, 2014. A follow-up progress note was dated October 2, 2014. There were no clinical entries regarding objective functional improvement and/or whether or not the opiate was beneficial. Additionally, there were no first-line treatments documented in the medical record. Again, the first progress note is dated August 11, 2014 when the Tramadol was started. There were no other medications discussed. Consequently, Tramadol 50 mg #60 is not medically necessary.