

Case Number:	CM14-0022197		
Date Assigned:	05/09/2014	Date of Injury:	10/29/2008
Decision Date:	07/10/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Pain Medicine, and is licensed to practice in Texas. 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 49 year old male who sustained work related injuries on 10/29/08. It is reported that on the day of the injury, the injured worker was jumping a truck that had a dead battery and the driver of the truck suddenly accelerated. The truck moved forward striking the injured worker's right knee and ankle. He was thrown backwards. He had immediate pain in his low back, right knee, and right lower extremity. He was noted to be bleeding heavily from his entire right leg. He subsequently underwent an open reduction and internal fixation of the right lower extremity which ultimately required skin grafts. It is reported that in 2012, he underwent a right knee arthroscopy for a meniscal tear. He is noted to have continued low back pain and right knee pain. He reports difficulty standing and walking for a prolonged period of time. He is unable to kneel or squat. He notes intermittent pain in his right ankle which radiates into the right foot. On physical examination, he has tenderness and hypotonicity bilaterally at the lumbar paraspinal musculature. He has tenderness over the quadratus lumborum. Straight leg raise is reported to be positive bilaterally. He is unable to heel toe walk on the left but able to do so on the right. Motor strength was noted to be 4/5 on the right in the L5-S1 muscle groups. Reflexes are 2+ and symmetric. Sensation is decreased on the right side in the L5-S1 distributions. Right knee range of motion is +5 extension and 130 degrees in flexion. Muscle strength was graded as 4/5 on flexion and extension. The records indicate that the injured worker is being maintained on oral medications for pain management. The record includes a utilization review determination dated 01/27/14 in which a request for Tramadol was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM (TRAMADOL 50MG) #120 1-2 TABS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN (MAX 6/DAY): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Ultram (Tramadol) 50mg #120, 1-2 tabs by mouth every 6 hours is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained significant injuries to his right lower extremity and back as a result of a motor vehicle/pedestrian accident. Records indicate that the injured worker has undergone surgical treatment for the right lower extremity fractures and ultimately required a right knee arthroscopy for a torn meniscus. Postoperatively, the injured worker has had continued high levels of pain. However, given the chronicity of the condition, the record does not contain a signed pain management contract or indicate that the injured worker undergoes routine urine drug screening to assess compliance. Additionally, the record provides no data establishing that the use of this medication results in substantive functional improvement. As such, the medical necessity for continued use of this medication has not been established. The request is not medically necessary and appropriate.