

Case Number:	CM14-0030168		
Date Assigned:	06/20/2014	Date of Injury:	05/16/2013
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 Medicine and is licensed to practice in Utah. 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 patient is a 43 year-old female. The patient's date of injury is 05/16/2013. The mechanism of injury is unclear according to the clinical documents. The patient has been diagnosed with right foot pain, low back pain, shoulder pain, arm pain, plantar fasciitis, hip bursitis, fibromyalgia and an ankle sprain. The patient's treatments have included imaging studies, physical therapy and medications. The physical exam findings show the patient ambulated with a limp. The patient is tender over the left greater trochanter and left iliac crest. Forward bending of the lumbar spine is at 60 degrees. The patient's medications have included, but are not limited to, Ambien, Elavil, Ultracet, Lexapro and Pravastatin. It is unclear according to the clinical documents the exact dates of when this medication was started, and the outcomes/results of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 1/28/14): Tramadol 150mg, #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89, 93-94, 113, 75-79.

Decision rationale: Guidelines state that opioids should be discontinued if there is no functional benefit. There is lack of documentation of function benefit from the patient. There is also lack of documentation that supports continued uses of opioids. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Some documentation of analgesia is noted. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. Therefore, the retrospective request for Tramadol 150mg, #200 (DOS: 1/28/14), is not medically necessary.