

Case Number:	CM14-0064271		
Date Assigned:	07/11/2014	Date of Injury:	05/07/2011
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology, has a subspecialty in 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 53 year old male who reported an injury to both knees. The utilization review dated 04/24/14 resulted in a denial for the continued use of tramadol as insufficient information had been submitted confirming the injured worker's response to the use of this medication. The clinical note dated 04/04/14 indicates the injured worker complaining of 6-7/10 pain at both knees. Prolonged sitting exacerbates the injured worker's pain at that time. The clinical note dated 01/15/14 indicates the injured worker rating knee pain as 4/10. The injured worker described the pain as a burning and stabbing sensation. The injured worker was able to demonstrate 0-110 degrees of range of motion at the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol (Ultram) Page(s): 113.

Decision rationale: Tramadol is indicated for patients who demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the

continued use of narcotic medications. No documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. No recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.