

Case Number:	CM14-0073851		
Date Assigned:	07/16/2014	Date of Injury:	11/09/2010
Decision Date:	08/14/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 59-year-old male who reported an injury on 11/09/2010. The mechanism of injury was noted to be falling into the rollers of a harvest tractor. The injured worker's treatments were noted to be surgery, medications, and epidural steroid injections. His diagnoses were noted to be right thigh crush injury, left knee status post degloving injury with extensive skin loss and skin grafting, status post left knee septic arthritis, and disruption of the left patellar tendon. The injured worker had a clinical evaluation on 04/25/2014. He complained of bilateral shoulder pain, numbness in the right knee and right hip at times, pain in both wrists that radiated to the right middle and ring fingers, and pain in the left wrist that radiated to the last 2 digits. In addition, he complained of low back pain and left leg pain. His pain was rated a 9/10 without the pain medications and a 4/10 with the pain medications. The injured worker noted pain is aggravated by walking and alleviated by sitting. He complained of ringing in his left ear and dizziness/vertigo. The clinical evaluation noted findings of healed surgical scars in the left knee and skin graft on the left knee. The injured worker had no joint effusion in the left knee. He had a positive impingement sign in the left shoulder joint. Hawkins test was positive in the left shoulder joint. There was tenderness over the left lumbar paraspinal muscles and over the right lower lumbar paraspinal muscles. Lumbar active range of motion was limited with flexion 0 to 40 degrees, extension 0 to 20 degrees, lateral bending 0 to 15 degrees to the left and 0 to 10 degrees to the right. Strength was 5/5 for both upper extremities and the right lower extremity. The left lower extremity was graded 4/5 for hip flexors, knee flexors, knee extensors, and ankle dorsiflexors. Sensation was sensitive to touch over the left L5 and S1 dermatomal distribution. He had decreased sensation over the left knee where he had had the skin graft. The injured worker ambulates independently with a standard cane with an antalgic gait. The treatment plan

includes a magnetic resonance imaging (MRI) of the left shoulder, a psychotherapy referral, and refill for Tramadol 50mg. The provider's rationale for the requested medication was provided within the treatment plan of the examination on 04/25/2014. A request for authorization for medical treatment was obtained and dated 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The request for Tramadol 50 mg #60, 2 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide four domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the four A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker's clinical evaluation on 04/25/2014 lacks an adequate pain assessment. The four A's were not addressed within the clinical evaluation. In addition, the request for tramadol fails to provide a frequency. As such, the request for Tramadol 50 mg #60, 2 refills is not medically necessary.